THE REPORT OF THE COMMITTEE

ON

THE INDIGENOUS SYSTEMS OF MEDICINE

MADRAS

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REFERENCE

14 AUG 1924

OFFICE OF THE COMMITTEE ON THE
INDIGENOUS SYSTEMS OF MEDICINE,
"HAKIM MUNZIL," POPHAM'S BROADWAY,
Dated Madras, 1*st July* 1924.

No. M-6.

From

KHAN BAHADUR MUHAMMAD USMAN SAHIB BAHADUR, B.A.,
Chairman of the Committee on the Indigenous Systems of Medicine, Madras.

To

THE SECRETARY TO THE GOVERNMENT OF MADRAS,
MINISTRY OF LOCAL SELF-GOVERNMENT,
Ootacamund.

SIR,

In continuation of my letter No. 24-M. of 17th February 1923 forwarding the first part of hte Report of the Committee on the Indigenous Systems of Medicine appointed under G.O. No. 1351 P.H., dated 17th October 1921, I have now the honour to forward herewith the second part of the Committee's Report containing the written evidence of certain selected witnesses as also the oral evidence of all the witnesses examined by the Committee.

2. In doing so, I consider it my duty to bring to the notice of the Government the following resolution which was unanimously passed by the Committee at their concluding sitting at which the report was finally discussed and approved :—

"This report would not be complete if we do not place on record our high appreciation of the invaluable services rendered to the Committee by the Secretary Dr. G. Srinivasamurti. He has given evidence of great ability, indefatigable energy, thorough grasp of the subject and sound judgment in the discharge of the delicate and difficult work which he had to do. His keen sense of fairness as a student of Science has contributed not a little to his arriving at conclusions, unbiased and impartial. We therefore take this opportunity of tendering our most grateful thanks to him."

I have the honour to be,
Sir,
Your most obedient servant,

MUHAMMAD USMAN,
Chairman of the Committee on the Indigenous Systems of Medicine.

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(*a*) WRITTEN IN ENGLISH.

14 AUG 1924

Bengal

(1)

MAHAMAHOPADHYAYA KAVIRAJ GANANATH SEN SARASWATI, M.A., L.M.S., OF CALCUTTA.

Q. 1. Ayurveda.

Q. 2. (*a*) The theory or theories of the causation of disease exactly according to the Ayurvedic system may be summarized as follows, the causes being first of all divided into extrinsic and intrinsic :—

I. *Extrinsic causes* (बाह्यहेतु or *Nidan*) comprising—

(A) General or indirect causes described as " deficient, excessive or perverted use or incidence of—

(i) the special senses,

(ii) the general functions of the mind and body, and

(iii) the seasons."

(cf. त्रीण्यायतनानि—अर्थानां कर्म्मणः कालस्य च अयोगातियोगमिथ्यायोगाः । et seq. Charaka, Sutra. Chap. XI).

N.B.—These causes produce *Nija* (निज) or Idiopathic diseases.

(B) Special or direct causes (आगन्तु) meaning—

(i) Trauma (अभिघातादि)

(ii) Poisons (विष) mineral or organic (including microbic and animal poisons).

(iii) Hypnotic influence (e.g., अभिचारादि) or sudden mental impulses (कामक्रोधादि).

N.B.—These causes produce *Agantu* diseases, the word *Agantu* being employed to mean Traumatic and other diseases caused by *sudden* extraneous influences.

(cf. "ये भूतविषवाय्वग्निक्षतभंगादिसम्भवाः ।
कामक्रोधभयाद्याश्च ते स्युरागन्तवो गदाः ॥
Bagbhat—Ashtanga Hridaya, Chap. iv)

Now these extrinsic causes or *Nidanas* (as they are called) produce morbid conditions in two ways : either indirectly by causing a preliminary derangement of the *Doshas* or guiding principles (as in group A) or *directly* by causing injury and pain first and derangement of the guiding principles later on (as in group B). The guiding principles or the *Doshas* (*Vayu*, *Pitta* and *Kapha*) will be explained later on.

(cf. आगन्तुर्हि व्यथापूर्वमुत्पन्नो जघन्यं वातपित्तश्लेष्मणां वैषम्यमापादयति । निजे तु वातपित्त-श्लेष्माणः पूर्वं वैषम्यमापद्यन्ते, जघन्यं व्यथामभिनिर्वर्त्तयन्ति ॥

Charaka-Sutra, Chap. XX).

II. *Intrinsic causes* comprising :—

(A) *Dhatu Vaishamya* (धातुवैषम्य), i.e., the derangement or disturbance of the equilibrium of—

(i) *Doshas* or the guiding principles of Physiological life (viz., *Vayu*, *Pitta* and *Kapha*) and

(ii) *Dushyas* or the tissues, secretions and excretions (धातु & मल) in which manifestations of the deranged Doshas occur.

(B) *Guna Vaishamya* (गुणवैषम्य) the derangement or disturbance of the equilibrium of the *gunas* (the guiding principles of mental life) meaning however, only two of the three

gunas here, viz., *Rajas* and *Tamas* (as *Sattwa*, the highest principle, is not capable of real disturbance). Roughly speaking, these two (—*Rajas* and *Tamas*) imply the mental principles of Volition (or impulsiveness) and inhibition.

(cf. "वायुः पित्तं कफश्चेति शारीरो दोषसंग्रहः ।
मानसः पुनरुद्दिष्टो रजश्च तम एव च ॥"
Charaka—Sutra, Chap. I).

Whilst on this subject, I think it necessary to explain the theory of *Vayu, Pitta* and *Kapha*, which begins where modern Physiology ends ; for it endeavours to explain all physiological processes as also the principles which guide them. It is too elaborate a subject to be described here fully. I may refer you to the following concise statement contained in my Benares Hindu University address on 'Hindu Medicine,' to give you a rough idea of the theory.

"The theory of *Vayu*, *Pitta* and *Kapha* was also a great discovery, which unfortunately has been much misunderstood by Western Scholars judging by the wrong mercenary transactions, rendering these terms as 'Wind, Bile and Phlegm.' The proper explanation of this theory will take up a treatise by itself, but let me observe here in passing that the word *Vayu* does not imply 'Wind' in Ayurvedic literature, but comprehends all the phenomena which come under the functions of the Central and Sympathetic Nervous Systems; that the word *Pitta* does not essentially mean Bile but signifies the functions of Thermogenesis or heat production and metabolism, comprehending in its scope the process of digestion, coloration of blood and formation of various secretions and excretions which are either the means or the ends of tissue-combustion, and that the word *Kapha* does not mean Phlegm but is used primarily to imply the functions of Thermo-taxis or heat-regulation and secondarily formation of the various preservative fluids, e.g., Mucus, Synovia, etc., though the crude products of *Pitta* and *Kapha* have also been sometimes called by these names. We regret, we cannot do justice to this subject here for want of space but we hope the above would give a clue to the student who means really to investigate. It must be remembered that the theory of *Vayu*, *Pitta* and *Kapha* is not the same as the old exploded humoural theory of the Greek and Roman Physicians who, though they borrowed the idea from Ayurveda, failed to grasp the true meaning of the theory. I am convinced that the truth and value of the Ayurvedic theory can be verified. It affords sensible explanations of certain otherwise inexplicable facts in the causation and amelioration of diseases and their symptoms. It can also guide you in understanding the laws of general Therapeutics which it would be much to the advantage of any medical man to learn. I dare say that studying the subject with an open mind, he will be converted to believe in the theory. As we find in daily practice, even the half-educated Ayurvedic Physician who remembers the laws of Aetiology and Therapeutics and dietary hinging upon this theory fares pretty well by the bed-side of the patient.

To be more explicit, I may add that these principles, known as Vayu, Pitta and Kapha occur in two forms :—

(1) An invisible or essential form, which mainly guide the physiological processes pertaining to them severally, and

(2) A crude or visible form, the products (as secretions or excretions) of those processes induced by these essential forms.

The relation between the two forms is very close, so that the derangement of the essential form of one principle gives rise at once to increased or morbid secretions and excretions of that principle. The failure to recognize the difference between these two forms of the principles has given rise to the erroneous rendering of *Pitta* as 'Bile' and *Kapha* as 'Phlegm.' The rendering of *Vayu* as 'wind' is preposterous and has brought unmerited obloquy on the theory (vide my Sanskrit work 'Siddhata Nidanam' Chapter I for a full exposition of this subject). Finally, now that so much is being talked and written about the Bacterial or Germ theory of the causation of diseases, I think, I should just indicate to you what, according to Ayurveda, is the role of germs (*jeevanus*) in the causation of disease. In the discourse given above, we have seen that the causes of disease are considered under two main heads, *Bahya* (extrinsic) and *Abhyantara* (intrinsic) and that germs are considered as *Bahya* causes, coming under the sub-heading 'Agantu' which covers Traumas and poisons of all sorts, including toxins of germs. But according to our Rishis, the germs, by themselves, are powerless to cause disease, unless the field (क्षेत्र) is suitable for the growth of the seed, or as the ancients would put it, unless the constitution was undermined by non-observance of *Brahmhyacharya* (celibacy or regulated sexual function) and other rules of health, as described in the *Dinacharya*, *Ritucharya*, etc., of Ayurveda. It is the non-observance of such health-ensuring practices that make us easy preys to germs, which were powerless in the case of those holy persons who kept their bodies pure and strong by the observance of self-control and regular healthful habits. To my mind, this is the reason why, in Ayurveda, germs do not occupy the all-important role that they do in the Western Medicine of to-day. That our ancients did recognize their existence and their potency for mischief is amply clear from the writings of our Rishis. For instance, in dealing with the *Nidan* or causation of *Kusthas* (some forms of leprosy and other parasitic skin-diseases), Sushruta says :—

"सर्वाणि कुष्ठानि सवातानि सपित्तानि सश्लेष्माणि सक्रिमीणि च भवन्ति ।" (*Sushruta-Nidan*, Chap. V)

" All kinds of *Kushtas* show the derangement of *Vayu*, *Pitta* and *Kapha* and also *Krimis* or microbes. Vaghbhata, following Charaka, is even more explicit in the matter :—

"रक्तवाहिसिरास्थाना रक्तजा जन्तवोऽणवः ।
अपादा वृत्तताम्राश्च सौक्ष्म्यात् केचिददर्शनाः ॥
केशादा रोमविध्वंसा लोमद्वीपा उदुम्बराः ।
षट् ते कुष्ठैककर्म्माणः सहसौरसमातरः ॥"

(*Ashtangahrid-Nidan*, Chap. VII.)

The reference here to ' Fine living bodies, so fine as to be incapable of detection by the naked eye, as the sole cause of Kusthas ' is unmistakable.

Sushruta has also definitely enumerated certain diseases as ' Germ-caused, ' e.g., Leprosy, Erysepelas, Carbuncle, certain skin-affections as also certain forms of splenic enlargement, abscesses, tumours, etc. (*Sushruta-Sutra*, Chap. XXIV). Similarly, speaking of ' Germ-caused ' contagious diseases Sushruta says :—

"प्रसङ्गात् गात्रसंस्पर्शान्निःश्वासात् सहभोजनात् ।
सहशय्यासनाच्चापि वस्त्रमाल्यानुलेपनात् ॥
कुष्ठं ज्वरश्च शोषश्च नेत्राभिष्यन्द एव च ।
औपसर्गिकरोगाश्च संक्रामन्ति नरान्नरम् ॥"

(*Sushruta-Nidan*, Chap. V.)

" By repeated bodily contact, by breathing, by sharing the same food, bed or seat, and by the use of clothes, garlands or fragrant pastes used by another, such diseases like Leprosy, certain fevers, consumption, ophthalmia and other contagious diseases, spread from person to person." It is of course possible to argue that as the term ' Krimi ' include organisms, visible to naked eye, the mere mention of same as a causative factor in disease is not enough to show that the disease is caused by ' Jerms ' as understood by the West. In reply to this, we have only to point out that the Rishis have classified ' Krimis ' as (*a*) those visible to naked eye and (*b*) those too minute to be so visible (cf. सौक्ष्म्यात् केचिददर्शनाः) ; and there is definite mention of the latter class of organism in our texts (see above). To cite another example, Sushruta, in the chapter entitled ' Treatment of Krimiroga, ' describes several kinds of krimis and then proceeds to say "केशादाद्यास्त्वदृश्यास्ते ।" (of these, the first thirteen kinds of krimis may be seen with the naked eye) while ' Keshada ' (i.e., those destroying the hair follicles) and others are invisible. Again, included in this latter category of invisible ' Krimis, ' we find among others, the group of ' Kushtha-Krimis ' that is, invisible organisms, generating *Kushtha* (leprosy and parasitic skin-diseases).

Now, as to whether the theories of causation, as found in Ayurveda, stand the test of scientific criticism. In my opinion, any but the most superficial judge would admit that the theories are based on sound logical and scientific grounds. I believe, a closer study and observation of the laws hinging upon theories should bring conviction to any open mind, though the theory of *Guna-Vaishamya* the cause of mental diseases is rather a bit too abstruse and presupposes a preliminary training in Hindu Philosophy.

Q. 2 (*b*). The principles and methods of diagnosis and treatment can be but dealt with briefly and in sections here :—

I. *Principles and methods of diagnosis.*—Says Sushruta :—

" There are six ways or agencies through which diseases can be definitely known—by the five senses and by interrogation." (*Sutrasthan*—Chap. XI).

This statement is followed by instances of the various phases of diseases which can be known by these agencies. Hence the above principles reduce themselves to the following methods of diagnosis :—

(i) *Sravani Pareeksha* (श्रावणी परीक्षा) or Auscultation : various sounds heard in diseases of the chest, as also the crepitus of fracture, have been mentioned as amenable to examination by the sense of hearing. Perhaps the auscultation employed was direct (as it was before the invention of the Stethescope by Lennec in Europe) but the principle was clearly recognized.

(ii) *Twāchī Pareeksha* (त्वाची परीक्षा) Touch and palpation, by which are known heat and cold, size and position and consistency of organs, etc.

The pulse of course comes under the same heading but clinical observations and minute analyses of the pulse-waves as felt at the wrist appear to have been made with great success from

the clinical point of view. This subject in fact became a separate study and the success of the Ayurvedic physicians in surmising and foretelling certain facts and symptoms and even the probable time of death from pulse alone is still proverbial.

By means of sphygmographic tracings, I am endeavouring to give this subject a definite and demonstable shape and it would be worth the while of any clinician to study the subject thoroughly from the view-point of Ayurvedic clinicians.

(iii) *Chākshushee Pareekshā* (चाक्षुषी परीक्षा) or inspection, by which are known position, gait, color, cantour, etc.

(iv) *Ghrānī Pareekshā* (घ्राणी परीक्षा) or examination by the smell, by which is known the smell of discharges, pus, etc.

(v) *Rāsanī Pareekshā* (रासनी परीक्षा) or examination by the sense of taste (Sushruta). Charaka takes much objection to this method of diagnosis and the method is now rightly obsolete. We may note however that even at the present day, this method of examination survives in certain medico-legal examinations (Staas Process).

In this connexion, it may be noted that various instruments (Yantras) like several kinds of specula, sounds, cathelers, etc., were employed in diagnosis. (Vide Sushruta, Sutra Chap. VII and Vagbhat's Ashtangahrid-Sutra Chap. XXV).

(vi) The sixth method of diagnosis is by questions—*Interrogation.* The history and some subjective and objective symptoms are ascertained by this method.

So far for the methods. As for the *Data of Diagnosis* to be found out by these methods, they are considered under five headings, viz.—

(1) *Nidan* (निदान) or extrinsic causes which probably started the disease. Very often this gives a clue to diagnosis (e.g., Trauma).

(2) *Purva Rupa* (पूर्व रूप) or Prodromata which often point to the diagnosis in some diseases.

(3) *Rupa* (रूप) or the 'symptom—group' which seem to constitute the disease definitely.

(4) *Upashaya* (उपशय) or the tolerance or intolerance of certain kinds of food, medicines, exercises, etc., considered as important aids to diagnosis.

(5) *Samprapti* (सम्प्राप्ति) or the morbid anatomy and pathology of diseases, particularly with a view to the determination of *doshic* derangement (i.e., the disturbance of the guiding principle or principles involved).

Besides these, the physician has been enjoined to take note of 'the particular type of the disease, the involvement of organs other than those directly affected, the climate, the strength and the power of digestion and the temperament of the patient, his age, habits of living, etc.,' in order to arrive at a correct diagnosis and to decide upon the proper line of treatment (vide Vagbhat's—Ashtangahridya, Sutra Chap. XII, verses 66 to 70).

Says Charaka—' One who does not enter, with the lamp of knowledge, the very innermost parts of the patient in order to arrive at a correct diagnosis, can never treat the disease properly.'

आतुरस्यान्तरात्मानं यो नाविशति रोगवित् ।
ज्ञानबुद्धिप्रदीपेन न स रोगान् चिकित्सति ॥

(*Charaka-Sutra*, Chap. XX.)

It would not, I hope, be out of place to add a word here in reference to diseases not clearly described in Ayurveda. Following our great masters Charaka and Sushruta, I have explained elsewhere how certain diseases change their type, how certain others disappear in course of time, while yet others appear as new diseases :—

दोषदूष्यगणेऽभिन्ने संमूर्च्छनविशेषतः ।
अदृष्टदेशकालादिपरिणामादनेकधा ॥
पुराणाः प्रविलीयन्ते नवीनाः प्रादुरासते ।
विभिद्यन्ते स्थिताश्चाथ नृणां नानाविधा गदाः ॥

(*Siddhanta Nidanam*, Chap. I.)

If our Western brothers have recognized and described these new variations, wisdom would lie in learning from them whatever is worth learning ; and it is no slight to our revered masters

to recognize that a certain disease or morbid condition, not existing at all or existing only as a rarity in their time (and therefore not described or only cursorily described) is now described elaborately by our Western colleagues. As the great Charaka himself says :—

विकारनामकुशलो जिह्रियान्न कदाचन ।
न हि सर्वविकाराणां नामतोऽस्ति ध्रुवा स्थितिः ॥

(*Charaka Sutra*, Chap. XXVIII.)

" The physician need not be ashamed because he is not conversant with the names of all possible diseases, for all diseases have not been yet definitely recognized by name." ' Again there is no end to the Medical science, hence you should carefully devote yourself to it.' Then again, ' skilfulness in practice should be acquired from others without feeling any humiliation. Unto men of intelligence, the entire world acts as a teacher ; unto men destitute of intelligence the entire world appear to be hostile ; hence the wise should listen to and follow the precepts of even an enemy when they are instructive, praiseworthy and healthful and when they show the way to progress in the world ' (Charaka, Chap. VIII). How I wish, our Western colleagues also remembered this maxim !

II. The principles and methods of treatment.—This is again too big a subject to be dealt with in a few words. The *sine qua non* of proper treatment is of course proper diagnosis (as explained above), particularly with a view to our ' Tridosha ' pathology. This done, we have to ascertain whether we have to fight the intrinsic cause (i.e., धातुवैषम्य) or the disease itself (व्याधि) ; also whether the case is साध्य or easily curable, कृच्छ्रसाध्य or curable with difficulty or असाध्य or incurable. The last group of cases is either not treated at all or treated only to make the disease याप्य or tolerable.

Now, let us first consider *the medical side of treatment.* First of all, we take note of the *Sāmata* (सामता), i.e., presence or absence of auto-intoxication in every disease. If auto-intoxication is present, we treat the patient by fasting, purging, etc., within the limits of patient's strength and tolerance (cf. " बलाधिष्ठानमारोग्यं यदर्थोऽयं क्रियाक्रमः ") till the symptoms of auto-intoxication disappear. These symptoms have been stated very clearly in a general way as also in particular for different diseases. This line is called *Samshodhan* (संशोधन) or ' clearing-up ' treatment. As an example of this, may be cited fasting or purging in some fevers as the first course of treatment. If there is no auto-intoxication, we treat the disease directly (e.g., giving a febrifuge in fevers). This is called *Samshaman* (संशमनं) or ' putting-down ' treatment. Both kinds of treatment are of course done with a clear grasp of the *Doshic* derangement, the removal of which is considered the ulimate goal of treatment.

In this connexion, it is worth while to mention that there are five methods (पञ्चकर्म्म) of the *Samshodhan* or ' clearing-up ' treatment. These are :—

(1) *Vamana* (वमन) or the use of emetics or washing out the stomach.

(2) *Virechan* (विरेचन) or the use of purgatives with a view to clear the upper or lower bowels. Numerous purgatives have been described to suit various cases.

(3) *Shiro-Virechan* or the use of Errhines to promote the nasal secretions in diseases of the nose and throat generally, in some diseases of the eye (as glancoma) and in some forms of intractable headache and cerebral diseases.

(4) and (5) ' *Asthapan* ' and ' *Anuvasasan,*' known collectively ' Vastikarma ' (वस्तिकर्म्म) which comprise the various forms of enemata known and unknown to the Western Science. To enumerate some of these, we may mention—

(i) *Shōdhona Vasti* or *Niruha* made up of medicated alkaline fluids for clearing out the colon.

(ii) *Snehana Vasti* or *Anuvāsan* made up of similar fluid with copious oily substances in it—for clearing out the colon and soothing the pelvic nervous system.

(iii) *Pichcha Vasti*—mucilaginous enemata used as emollients to sooth the inflamed mucous membranes of the colon in colitis and other diseases.

(iv) *Brimhana Vasti*—or nutrient enemata, used not only in extreme cases, where feeding by the mouth is not possible, but also in ill-nourished patients who *can* take by the mouth.

(v) *Bheshaja Vasti*—or medicated enemata (cf. Bromide and chloral injection in Western medicine).

And so forth, hundreds of drugs and recipes are described for use under each of the heads above enumerated. So much indeed was the reliance in *Vasti Karma* in certain diseases that we read—

वस्तिं चिकित्सार्द्धमिति ब्रुवन्ति
सर्वां चिकित्सामपि वस्तिमेके ।

(*Charaka-Siddhi*, Chap. I.)

"Enemata constitute half the treatment—if not the whole treatment—as some physicians think."

Use of drugs—Materia Medica and Therapeutics.—As to the use of drugs, I should like to note that the Ayurvedic Materia Medica and Therapeutics is replete with the descriptions of the action of drugs expressed in the terms of the *Tridosha* theory as well as in clear statements about their effects on certain organs of the body and their uses in certain diseases. Of course these descriptions, in terms of the Tridosha theory and other technical names (as विकाशि, व्यवायि, etc.) which are a sealed book to those who have not learnt to translate them into 'Physiological action' as the West now understands it. The consideration of drugs according to *Rasa* (रस) or Taste, *Birya* (वीर्य्य) or heating or cooling effect, *Vipaka* (विपाक) or the chemical inversions undergone, *Guna* (गुण) or general qualities specifying the physiological effects and *Prabhava* (प्रभाव) or the inexplicable selective action of drugs in particular diseases—is an admirable feature of Ayurvedic Materia Medica worth the careful study of any scientific worker.

Here, I would strongly repudiate the sweeping charge made in some quarters that Ayurvedic drugs are used empirically. In fact, there is less empiricism in Ayurvedic practice than we find in the practice of Western medicine. Besides, there seems to be a strange idea in some quarters that the success of the Ayurvedic physician depends much on the high efficacy of individual indigenous drugs. This idea, the main-spring of action in the so-called 'Researches in indigenous drugs' of which we hear so much in these days, is simply erroneous. The success of the Ayurvedic physician is due not to the 'charm' of this or that drug but to his clear grasp of the *Doshic* derangement and his selected and well-considered treatment of that derangement, according to well-defined principles of Therapeutics.

As to the forms in which medicines are given I should like to point out that fresh juices (स्वरस), powders (चूर्ण), infusions (फाण्ट) and decoctions (क्राथ) are always preferred to preserved drugs in view of the 'Vitamines' and other active principles found only in fresh drugs. The use of minerals in the form of very finely powdered (often inpalpable) oxides and colloids is also a special feature of Ayurvedic practice, which superficial observers have occasionally tried to be little by their meagre but vaunted knowledge of Chemistry. They seem to forget that there are numerous unassailable facts in Therapeutics, which present-day Chemistry is not yet advanced enough to explain.

It should be further remembered that there are hundreds of drugs—vegetable, animal and mineral, used widely by Ayurvedic practitioners which their know-all Western-trained rivals have not even heard of yet. Some of these are: Black and Red Sulphides of mercury (कज्जली, रसपर्पटी, रससिन्दूर, मकरध्वज, etc.), various forms of Iron-oxides (लौहभस्म) which, by the way, are far more assimilable and much less constipating than Western preparations of Iron, Tin oxides and Chlorides (वंगभस्म), Zinc Carbonates (खर्परभस्म), Shilajatu (शिलाजतु)—a valuable bituminous drug highly effective in urinary diseases, Gorochana (गोरोचन) the gallstones often found in the Bovine gall-bladder and hundreds of Vegetable drugs like Semicarpus Anacordium (भल्लातक), Achiranthes Aspera (अपामार्ग). Triphala (three myrobalans), etc. But to the bigotted and prejudiced medical man trained in Western medicine alone, these remain a closed subject because he would never care to study them under proper guidance.

Dietetics is also a subject of great importance to the Ayurvedic practitioners. He does not believe in the dictum, "Oh, take anything you like"! He has studied the subject carefully on his own principles and is able to cure many diseases only by regulation of dietary.

So much then briefly as to the medical side of treatment. Let me now refer you to the salient points as to the *Surgical Side.* These are:—

(1) *Surgical Instruments.*—It will perhaps come as a surprise to many that most of the modern surgical instruments are accurately described by Sushruta and Vagbhata. I have demonstrated this in my lectures before the All-India Ayurvedic Conference at Poona and Calcutta and the Sahitya Sabha of Calcutta, notes of which have appeared in the *Indian Medical Record.* Various forms of bandaging, splints, etc., are also to be found clearly described, and appear to be often identical with those current in Western practice.

(2) *Knowledge of Asepsis and Antisepsis* still survives in what little surgical practice the Ayurvedic practitioner still does. Instruments are boiled in water or singed in fire according to ancient tradition (अग्नितप्तेन शस्त्रेण, etc.)—Sushruta-Chikitsa, Chapter II. This explains the success of the major operations like Laparatomy, Lithotomy, etc., described in Sushruta.

(3) Treatment of cellultis and infected wounds by Antiseptic irrigations and *Pralepas* (applications of medicinal pastes) are often done so successfully by Ayurvedic practitioners that their Western colleagues would do well to learn the subject from them for the benefit of suffering humanity.

It must be admitted however that on the whole, much of surgery has been forgotten and requires revival and re-juvenation. For the other six branches of Ayurvedic treatment—for there are eight divisions in all—I would refer you once more to my Hindu University address. Of these, the *Rasayana* (रसायन) or the Alterative and Restorative treatment and the *Vajeekarna* (वाजीकरण) or the treatment of the Sexual functions are special features of Ayurveda. I believe, the Yunani system owes a great deal to Ayurveda in these lines of treatment.

General efficacy of Ayurvedic treatment.—As to the general efficacy of Ayurvedic treatment, I think there can be little doubt. In Calcutta, the great home of Western culture, Ayurvedic practitioners thrive in a remarkable manner and are the strong rivals in practice of the Presidency Surgeons and Professors of the Medical College. Not only in Calcutta but all over India, learned Ayurvedic physicians stand out as fully the peers of their Western colleagues, earning Rs. 500 to Rs. 1,000 per diem when their services are engaged by the Ruling Princes and Nobility of India. Where there are well-equipped Ayurvedic charitable dispensaries, side-by-side with similar Allopathic dispensaries in a town, the attendance in the former goes on increasing steadily to an extent which would seem to be incredible. The statistics of the Ayurvedic dispensaries in Madras and Calcutta would show this clearly.

In private practice, the average Ayurvedic practitioner often does better than his Western-trained brother. Besides, Western-trained medical men very often request the services of their Ayurvedic colleagues in chronic intractable cases, not only among their patients but also among their own family members. This is every day experience with me and several of my colleagues in Ayurvedic practice. Hundreds of patients, declared incurable and cured under Ayurvedic treatment would bear testimony to the unique success of Ayurvedic treatment.

Q. 2. (*c*) Certainly, in most conditions. As to the statistics, we as private practitioners, do not keep statistics as in hospitals but the great currency and success of Ayurvedic practice in Bengal is enough evidence to show its worth. Every reputed Ayurvedic physician can cite hundreds of individual cases.

From the records of some so-called incurable cases kept in my clinic, I am able strongly to assert that the efficacy of Ayurvedic treatment in reputed hands is so remarkable that all section of people, the Prince and the peasant, Indian and European, resort to it freely; I find, in my own practice, that I daily have to attend difficult cases in the houses of at least two or three Allopathic doctors of Calcutta. This is not the experience of myself alone but, also of Ayurvedic practitioners trained purely on orthodox lines, many of whom still thrive, as the favoured family physicians of the rich and the noblemen of Bengal.

Q. 3. (*a*) I am connected with the following institutions :—

A. For Medical education—

(i) The all-India Ayurvedic Conference and Board of Ayurvedic Education (निखिलभारतीयवैद्यसम्मेलन आयुर्वेदविद्यापीठ)—As Ex-President and Vice-President.

(ii) The Ashtanga Ayurvedic Vidyalaya, Calcutta—As President of Governing Council.

(iii) The Faculty of Oriental Learning and The Board of Ayurvedic Education, Benares Hindu University—As Co-opted Member.

(iv) The Madras Ayurvedic College as Examiner and Adviser.

(v) *Vaidya Shastra Peetha.*—The National Ayurvedic College, Calcutta—As Member of the Executive Committee.

(vi) Almost all other important Ayurvedic colleges and schools of India as of Delhi, Bombay, Gwalior, Jaipur, etc.—As Examiner and Adviser.

B. For Medical relief—

(i) Ashtanga Ayurvedic Vidyalaya Hospital, Calcutta.

(ii) Sri Vishuddhananda Charitable Dispensary, Calcutta.

(iii) Raja Digamber Mitter's Charitable Dispensary.

(iv) The District Board Ayurvedic Charitable Dispensary of Jessore (Bengal).

(v) The Kalpataru Ayurvedic Works (a large Pharmaceutical work) manufacturing Ayurvedic preparations on a very large scale.

Q. 3. (*b*) (1) No. The deficiency lies in the inadequacy of the staff and want of sufficient accommodation for the ever increasing number of patients, as also of funds to meet the demands.

(2) Yes. So far as they go. Much spade-work is however required to teach the students on the college and school system more efficiently and with more and more practical training.

Remedies.—I propose to remedy them by keeping more paid workers (at present many are honorary), also by starting well-equipped Ayurvedic schools and colleges in all important cities of India.

(*c*) I do not think there is a sufficient number of Ayurvedic institutions for medical relief or medical education. I do believe that a little encouragement from Government would make my

countrymen come forward more ardently to help the Government and private Ayurvedic institutions that may be started. The popular demand for them is very great indeed. The Government prejudice against it must go; the mere recognition by our Government that Ayurveda is *their and our own alike*, the fostering and promotion of which is one of the elementary duties of any Indian Government, would by itself draw to Ayurveda a good deal of support of which it is so much in need.

Q. 4. (1) Yes.

(2) Yes.

(3) Yes.

The ideal which the above sub-questions point to is, I think, the great original ideal of Ayurvedic education under a practical teaching system of constant association with the teachers (vide Sushrut—Sutrastham—Chapter II. Sishyopaniyadhyaya, and also Charaka, Vimana, Chapter VII).

The ideal is however not attained or attainable just now, as the provision for medical training is very inadequate in India even in the Medical colleges that teach the Allopathic system.

(*b*) I do not think the ideal is too high for the present, as even in the small *tols* of Bengal, it *is* partly achieved, the pupils living constantly with their teachers and watching as well as following his professional work. It is a system under which clinical experience of a very valuable kind is ensured to the pupils. Of course, it is capable of great expansion, and worked in the Hindu way, it is not impracticable. The ideal to be worked up as early as possible is to start a type of residential colleges, suited to Indian conditions, where a hostel is to be attached to every Ayurvedic medical college, with at least two or three residential professors.

Q. 5. I agree with the first part of the finding, as to the necessity of making the traditional knowledge available to practitioners of Western medicine; but, I do not think the distinction between the Indian and Western systems will ever disappear. To cite a common example, although the fundamental tenets and ideals of every religion are the same, it is very unlikely that we shall ever attain the ideal of one world-religion.

I, therefore, think that the ideal of a System of Unified Medicine is too high for average humanity at the present day; so, I do not suggest any steps in this direction of unification. I would certainly urge mutual exchange of knowledge for the benefit of both. Our Medical system can certainly be benefited by adopting some modern advances, while the Western system may also be benefited greatly by adopting certain invaluable principles and methods of diagnosis and treatment adumbrated in our system. Such exchange of knowledge will certainly make for the good of humanity as a whole.

Q. 6. The question is rather wide, almost to vagueness; and the magic expression 'modern scientific methods' is an unhappy insinuation that indigenous systems of medicines are based on the unscientific methods. A study on modern lines of Anatomy, Physiology, etc., would, of course, be very useful to supplement what the indigenous systems have in their books. To be more explicit, *I would suggest the Indianisation of Western Scientific knowledge rather than Westernising our own systems.* For instance, when you teach Anatomy, have Indian Texts as the basis, using Indian names as far as possible, while the student should be free to take-in anything useful, from Western texts.

As to the course of studies, I can suggest no better course than the one decided upon, by the Special Committee of the All-India Ayurvedic Conference; this Committee consisted of the very pick and flower of the Ayurvedic profession from all parts of India who worked this subject out in several sittings. (Vide Course of Studies in Rules of All-India Ayurvedic Conference.)

(*a*) Progressive standards have been contemplated and established by the All-India Board of Ayurvedic examinations but the teaching facilities in the various Ayurvedic institutions of India are still meagre and far short of the standard laid down and call for much progress and reform.

(*b*) *Preliminary qualifications.*—These would, of course, vary with the qualification aimed at by the student. For the higher qualifications, I think, sufficiently advanced knowledge of Sanskrit should be the *sine qua non* in every case, as almost all Ayurvedic works are written in Sanskrit. There need be no fear of dearth of students, as the various Sanskrit-teaching centres of India are preparing hundreds of qualified students every year. A working knowledge of English should also be made essential for the highest qualification, while it would be of great advantage to every student. The lowest standard would require good knowledge only in the vernacular of the province; but, at present there are not many vernacular works existing in Ayurvedic literature and text-books will have to be multiplied on almost every subject.

(*c*) I think the medium of instruction should be the vernacular of the Province in which the teaching institution is located, e.g., Bengalee for Bengal, Tamil for Tamil districts and Telugu for Telugu districts and so forth.

Q. 7. I think medical registration would be harmful just at present unless sufficient safeguards are provided. From my past experience of the working of the Medical Registration Acts, I consider it capable of being employed, as much as a defensive as an offensive measure. If, however,

an Indegenous Medical Registration Board, manned almost solely by practioners of the Indigenous Systems of Medicine and not under the control of the head of the Allopathic Medical Department, is created, I see no objection to Ayurvedic Medical registration : indeed, it may do some good, even in the immediate present but it must not be too stringent.

Q. 8. The cost of treatment according to the Indegenous systems should be considered under two heads :—

(1) Treatment of well-to-do-people.

(2) „ the poor.

For the former, the practitioners of both the Western and Eastern systems are in the habit of prescribing costly preparations; but, on the whole, if the modern costly methods of diagnosis are taken into account, Ayurvedic treatment is certainly cheaper even for well-to-do patients.

(2) For the poor, the Indigenous systems are by far the cheaper, as there are plentiful supplies of Ayurvedic drugs available in every part of India and they are used mostly in the fresh form as juices, decoctions, etc., which eliminate costly pharmaceutical processes including the addition of spirits and the bottling, labelling, advertisements, etc. There is another fact, which makes the treatment by the Western Allopathic system inadvisible in some cases at least; and this is as regards the unsuitability of Allopathic medicines to Indians and Indian climate. To take one instance, the use of two or three non-poisonous tinctures and spirits, in every dose of medicine, often means the ingestion of about one to two drams of alcohol in every dose; to the Indian patient who is not usually accustomed to alcohol, this means a great strain on the liver and kidneys and I believe it ultimately makes the patient more susceptible to the invasion of various diseases.

From the comparative statistics of the costs of treatment collected from the records of Ayurvedic charitable dispensaries in Calcutta and Madras, it has been found out that the average cost is about 5 to 6 pies per head per day and would never exceed nine pies.

Q. 9. Causes of decay come under four heads—

(1) Want of State-aid.

(2) Political viscissitudes.

(3) Economical causes.

(4) Support of State to the rival system.

Remedies.—These are dealt with by me in my address to the Benares Hindu University, which I wish to quote here again.

" Long manuscript-collecting tours should be undertaken by ardent and well informed scholars having the regenerations of Ayurveda as their aim and object; the remembering that the ravages of the reckless invaders of India did not spread so widely into the Deccan as in other parts of India, I venture to assert that such tours in the southern half of India would be productive of great results. Well-equipped Ayurvedic colleges having full facilities for anatomical dissections, physiological demonstrations, and Physics and Chemistry classes should be founded in every province and affiliated to the Universities. To these should be attached Ayurvedic hospitals for the treatment of chronic diseases, particularly to supplement the good work of already existing hospitals conducted on Western lines. Such institutions should form the fountain-springs from which direct clinical knowledge should flow abundantly into the minds of Ayurvedic students. Pharmacological and analytical laboratories for the investigation of indigenous drugs should also work unceasingly as parts of these institutions, and for new discoveries and demonstrations on Ayurvedic lines. Libraries of Ayurvedic books as also gardens, herbaria and museums of indigeneous drugs should also be maintained with proper care to facilitate practical knowledge and research work. All this may appear an order too large for our means but there can be no doubt that such should be our ideals, provided we seriously contemplate the conservation of India's wisdom in the Medical Science. The suffering millions of India whom Ayurveda saved for centuries past and is still saving to no small extent, demand of us that we should give them the benefits of the same system in all the lustre and polish that Western methods are capable of giving it. They have built up great hopes and have the fullest confidence in the future work of the Hindu University. So it is for her to set the great ideal in this humane work.

The Ruling Chiefs and the wealthy Philanthropists too, under whose parental care, so much excellent work is being done in Ayurvedic schools and charities, owe it themselves to expand these institutions up to modern ideals.

It was high time that the State and people moved and helped the Ayurvedic system with unstinting generosity and care. India's need for medical aid is neither small nor limited. Considering the proportion of medical men to the vast population, of all countries, India is the most poorly supplied with medical aid. The proportion of western medical men to the teeming millions who are ailing from year's end to year's end with malaria, cholera, plague, fevers and chronic diseases is simply like that of a drop of oil on the surging ocean. The salvation of diseased India lies in the rejuvenation of Ayurvedic Medicine, side by side with the progress of the Western system. There will be no dearth of Ayurvedic drugs which are found everywhere in abundance. War will not affect their prices to any appreciable extent. The noble bands of silent workers who are doing so much thankless good work all over India with the aid of

indigenous drugs certainly deserve encouragement and not damning; for their degeneration or extinction will mean the degeneration and extinction of millions of people looking up to the State, in hope and confidence."

Q. 10. (*a*) *The State* can foster the Ayurvedic system—

(1) By allotting funds to the various local bodies to maintain Ayurvedic hospitals and dispensaries.

(2) By founding Ayurvedic schools and colleges in the various important centres of India.

(3) Subsidising existing Ayurvedic charitable institutions.

(4) Subsidising genuine enterprises where manufacture of Indigenous drugs is being attempted on a large commercial scale.

(*b*) *Local Boards.*—The local boards should actively engage themselves in aiding the existing and starting new charitable institutions of the Ayurvedic system. Reputed Ayurvedic practitioners in the local area may also be subsidised, with a view to encourage them in the free distribution of medicine to the poor patients, which, by the way, they are already doing to some extent as a matter of their noble mission. Fortunately many local boards and municipalities in Bengal and elsewhere have just started this work but much more work is expected.

(*c*) *Universities.*—They should arrange for examination on Indigenous medical systems, in the same way that they do for Western medicine. The University examinations should of course be supplementary to the School Final tests of Ayurvedic Institutions and must not supplant the licences granted by competent teaching and examining bodies.

(*d*) *Private Agencies.*—I believe if the Government would start institutions either for medical relief or for medical education on Indigenous lines, and invite support from the public, sufficient amounts of subscription would be readily forthcoming from private sources; and taking it the other way, the Government should also encourage and assist private enterprises, when they are started and run on genuine and approved lines. I would also plead for the proper administration of our numerous religious endowments, so that at least a small portion of the vast sums now locked up in them may be used in offering to Heaven such truly religious worship, as the founding in His name, of institutions of Indigenous systems, where medical relief is made easily available to all His sick and suffering children.

(2) KAVIRAJ JAMINI BHUSHAN ROY KAVIRATNA, M.A., M.B., M.R.A.S., F.C.U., PRINCIPAL, ASHTANGA AYURVEDIC VIDYALAYA, CALCUTTA.

Q. 1. Ayurveda.

Q. 2. I believe in the Tridosh theory of Ayurveda, because it has always helped me and never failed me, both in diagnosis and treatment. I have expounded this theory in my work 'Roga Vinischaya' first edition pages, 1-44, under the general heading "Dosha Dushya Nirupanam" to which I refer those interested in this subject.

Health and ill-health depends respectively upon the normal (Prakriti) and morbid (Vikriti) condition of the three doshas—Vata, Pittha and Kapha; the normal habitat of these three doshas, as also the special features of their normal conditions and the symptomatology of their morbid conditions are all clearly described in our books; and these are the fundamentals, with which every real Ayurvedic practitioner is and must be quite familiar with. From the clinical experience of ages recorded in our books and added on from time to time by various acute observers, we are also able to diagnose the exact nature of the Doshic disturbance—whether it is essentially a morbidity of one, two or three doshas, whether it indicates their increase (Vriddhi or decrease (Khsaya), whether it is their Sama (attended with digestive disturbance) or Nirama condition and so on.

The teachings of our Rishis also help us in diagnosing which of the seven Dhatus (blood, muscle, fat, etc.,) is primarily at fault; once a knowledge of the morbid Doshas and Dhatus is gained, the rest is easy. For purposes of clearly understanding the exact nature of diseases, they are generally studied from five stand-points, viz., Nidana (Actiology), purvarupa (prodromatas—,) Rupa (symptomatology), Upasaya (confirmative reaction to proper experimental therapeutic measures) and Samprapti (Pathology—;) of these, Nidana will enable us to diagnose whether the morbid condition is already fully developed, or is developing in the immediate present or is yet to develop in the future, but, as one Nidana may possibly be at the root of more than one morbid condition, we cannot diagnose diseases by Nidana alone; similarly, Purvarup (prodromata) will help us in diagnosing diseases that are to develop in the future; but, as similar prodromata may possibly lead to a varied number of diseases, we cannot know the exact morbid condition of the Doshas by Purvarup alone Hence the importance of Rup (symptomatology) which however suggests to us only what has happened in the past; sometimes however, when the prodromata are not clear and the symptomatology obscure or occult, we have recourse to Upasaya (or inference from the reaction shown to certain experimental therapeutic measures); this is applicable to all cases, no matter whether the development of morbidity is a feature of the past, present or future; but, even after viewing from all these stand-points, we may not be able to know the exact past and future of the disease—its exact type, its prognostic

significance, the progressive changes in doshic derangement, etc., unless from the first, we study the Samprapti (Pathology) of the disease. Thus it is said that five-fold is the method of diagnosing diseases :—

Of these, let us first consider Nidana (or Hetu)—Aetiology. Hetu is manifold in nature, thus :—

(1) Sannrikristhi (immediate or exciting).
(2) Viprakrishta (remote or predisposing).
(3) Vyabhichara (subservient or weak).
(4) Pradhanika (predominants) Patent.
(5) Asathmendriyartha Samyoga.

(Incompatible correlation of the senses with their objects) their Atiyog, Hinayog and Mithyog—i.e. excessive, improper and defective correlation.

(6) Faults or Indiscretions of Prajna (knowledge) that is Atiyoga, etc., as in (5) above.
(7) Time factor (the seasons, etc.) that is Atiyoga, etc., as in (5) above.
(8) Dosha Hetu—Cause which makes for doshic derangement.
(9) Vyadhi Hetu—Cause which makes for manifestation of disease.
(10) Ubhaya Hetu—Cause which makes for both doshic derangement and manifestation of disease.
(11) Utpadaka—Productive cause (as for example as the sweet rasa of the Hemantha season, towards Kapha).
(12) Vyanjaka—(secondary or accessory).
(13) Bahya (external causes like food, habits, seasonal variations, etc).
(14) Abhyantara (internal i.e., of Doshas and Dushyas).
(15) Prakritic (Natural).
(16) Vikritic (Unnatural).
(17) Anubandhya (Independent).
(18) Anubandha (Dependent).
(19) Specific Prakritic morbidity (vatarogas occurring in Vataprakriti are more difficult of cure than in Kapha or Pitha Prakriti).
(20) Ashayapakarshana (Dislocation or the expulsion of a Dosha from its natural habitat).

Next we come to Purvarup or prodromata.

This has reference only to morbidity that is to occur in the future ; this also corresponds to the fourth, among the six stages (Kriya—Kalas) of the Samprapti (Pathology) of disease which we will come to presently.

Then come Rup or Symptomatology of diseases when they become manifest. (Charaka Nidan—1).

Symptomatology before manifestation is Purvarup which suggests disease that is to manifest in future, while Rup has reference to the present and immediate past—i.e. to disease that is just manifesting or has already manifested itself and corresponds to the fifth stage of Sampraphti (Pathology) to be explained presently.

Upashaya is the conformatory and experimental test of the suspected nature of disease, when favourable and expected reaction follows from the use of appropriate therapeutic measures or Aushadas, contrary to the cause (Hetu) or disease (Vyadhi) or both or to the effects of one or other or both. Here, Aushada (remedy) is a term used by Charaka in a very wide and comprehensive sense, including all remedial measures, whether material or non-material, measures such as habits and practices, place, Time, lessening or withholding food, etc. This method of infering the cause of nature of disease is especially helpful, where Purvarup and Rup have not helped us to a clear understanding of the exact nature of diseases.

Then, we come to Samprapti (on pathology) of disease, which has reference to the following features :—

(1) *Sankhya or number.*—That is to say the number of varieties or types in which diseases may manifest themselves : thus : fevers in eight types, gulmas in five, leprosy in seven and so on.

(2) *Pradhanya or Predominance.*—That is, the predominance of particular dosha or doshas.

(3) *Vidhi or order or classification.*—That is, with reference to either the two-fold causes Idiopathic (Nija) or Traumopathic (Aganthuka), or to the three-fold classification of Tridosh or to the four-fold classification of curable, incurable, mild and severe types.

(4) *Vikalpa or possible alternatives.*—That is, the ascertainment of the measure in which the doshas are excited in the combined doshic triad.

(5) *Time of energising* (*Balakala*).—This is with reference to the time-factor, which energises diseases and make them either Atibala, Madhyabala or Heenabala (severe, moderate mild,—) e.g., the seasons, the day, the night, the hour of eating, etc.

In studying Samprapti, we study the following morbid phenomena which the Doshas undergo :—

(1) *Sanchaya* or accumulation of doshas corresponds to the first Kriyakala (period of Activity).

(2) *Prakopa* or excitation—corresponds to the 2nd.

(3) *Prasara* or extension—corresponds to the 3rd Keryakala (period of Activity).

(4) *Sthana Samshraya or specific* location—corresponds to the 4th Kriyakala (period of Activity). [when the excited Doshas extend from their seats or origin and become localised in other seats, they cause specific diseases of the parts so affected, e.g., ' diseases of stomach ' ' diseases of bladder ', ' diseases of anal region ', ' diseases of testes ', diseases of blood, skin, muscles or other tissues ' or diseases of all organs as a whole. This condition corresponds as has been mentioned already to ' Purvarup ' or stage of Prodromata (or incubation).]

(5) *Vyakthi* or manifestation corresponds to the 5th Kriyakala (or period of activity). This is the stage when Rupa (or symptomatology of diseases) can be studied.

(6) Bheda or variation—Corresponds to the 6th Kriyakala.

This is the stage when diseases become chronic, incurable, etc.

From what has been stated above, it should be clear that our system is perfectly scientific and can stand the test of any scientific criticism, provided that our critics take the trouble to acquaint themselves with what they are criticising—doubtless an elementary qualification demanded of every critic in other branches of technical study but somehow or other totally neglected by some Professors, who thinks it is apparently the correct thing to judge Ayurveda from ignorance-born prejudice or bigotry ; the persons best qualified to say whether or not Ayurveda can stand the test of modern scientific criticism are obviously those who are versed both in Ayurveda and modern Western medical science—not those who are ignorant of Ayurveda, as some critics in the past undoubtedly were, however high their professions may be in Western medicine. By this, I clearly mean that Western Scientific men should first learn the Sanskrit language and then study Ayurveda for some years under one of our competent Acharyas ; then only, may they think of criticising Ayurveda ; otherwise, their criticism is worthless and cannot claim any authority ; such critics will only succeed in proclaiming to the world their unscientific attitude. For the credit of Ayurveda, be it said, that no professor of Ayurveda has ever been guilty of such infamous procedure as criticising the Western medical science, without studying it ; in my opinion, both systems are useful and worthy of study ; to shut ourselves from knowledge and truth (whether it comes from the East or the West) is, in my view, a sign of barbarity. No wonder that ignorant critics frequently succeed (albeit unconsciously) not only is suppressing the truth (*suppressio veri*) but also in suggesting faleshood (*suggestio falsi*) as, for example, in suggesting that our Tridosh Theory is the same as some " Humoral Theory " of the Greeks.

Principles and methods of Diagnosis.—It is sometimes alleged by our ignorant critics versed in Allopathy that we treat diseases more or less symptomatically without properly diagnosing them ; this is a baseless calumny ; for my present purpose, it is unnecessary, though I could do it with perfect justice, to throw back the criticism in the teeth of our critics and challenge them to say whether their diagnosis is not frequently uncertain and whether they do not treat cases symptomatically.

As regards details, it is laid down thus—

The diagnosis of diseases is six-fold by means of the five senses and also by interrogation. Western medicine, looking at things from without, designates its diagnostic methods by the terms inspection, palpation, etc ; but, our ancients, ever looking at things from within, referred them all to the five senses and to interrogation, which (interrogation) was a very comprehensive and highly suggestive method, including, as it did, references to all the numerous relevant factors of diseases such as Desa (country) Kala (time or seasons), Jati (tribe), Satmya (compatibility, that is to say, whether correlation with particular climate, country, season, previous illness, tribal peculiarities, etc, is or is not compatible to patient), Athanka Samutpathi (the mode of onset), Vedana Samuchraya (the mode of development of ailment), Balam (constitutional strength), Deepagnitha (state of digestion and assimilation), Mutra-Pureeshadi (state of urine and fæces, etc.,) and so on.

If any physician of any climate or country follows the detailed maxims laid down for the thorough examination of not only the disease, but also of the patient, which examination was particularly insisted on, by our sages, as being essential both for diagnosis and treatment, he is sure to do well by his patient and bring credit to his Science and Art.

Principles and methods of treatment.—This is a very vast subject and if any one come to know something about it, he must study our books thoroughly under a competent Guru ; if the Government is really kind to us and really interested in Ayurveda, they will do well, as a first instalment of their kindness, to give us a hospital of 100 beds, where we are prepared to demonstrate and prove to the hilt the efficacy of Ayurvedic treatment to the entire satisfaction of even the strictest of our fair critics. It is really difficult to delineate the whole subject of our treatment in the short compass of this reply. In this connexion I should like to refer you to Chakradatta's work on treatment (both medical and surgical).

The main allegation against us is that we had no surgery and the greatest boon given to us by our Western friends is that they brought Surgery to us ; historically, this is incorrect ; I refer you to Encyclopedia Brittanica—Volume XXII ; page 672—19th Edition :—

" In both branches of the Aryan stock, surgical practice, as well as medical, reached a high degree of perfection at an early period.

" The correspondence between the Susruta and the Hippocratic collection is closest in the sections relating to the ethics of medical practice ; the description, also, of Lithotomy in the former agrees almost exactly with the account of the Alexandrian practice as given by Celsus. But there are certainly some dexterous operations described in Susruta (such as the Rhinoplastic) which were of native invention ; the elaborate and lofty ethical code appears to be of pure Brahmanical origin ; and the very copious Materia Medica (which included arsenic, mercury, zinc. and many other substances of permanent value) does not contain a single article of foreign source. Susruta describes more than one hundred surgical instruments made of steel. They should have good handles and firm joints, be well polished and sharp enough to divide hair ; they should be perfectly clean, and kept in flannel in a wooden box. They included various shapes of scalpels, bistouries, lancets, sacrifiers, saws, bone-nippers, scissors, trocars, and needles. There were also blunt hooks, loops, probes (including a caustic-holder), directors, sounds, scoops and forceps (for polypi, etc.) as well as catheters, syringes, rectal speculum, and bougies. There were fourteen varieties of bandage. The favourite form of splint was made of slips of bamboo bound together with string and cut to the length required. Wise says that he has frequently used " this admirable splint ", particularly for fractures of the thigh, humerus, radius and ulna, and it has been subsequently adopted in the English army under the name of the " patent rattan cane splint ". Fractures were diagnosed, among other signs, by crepitus. Dislocations were elaborately classified, and the differential diagnosis given ; the treatment was by traction and counteraction, circumduction, and other dexterous manipulation. Wounds were divided into incised, punctured, lacerated, contused, etc. Cuts of the head and face were sewed. Skill in extracting foreign bodies was carried to a great height, the magnet being used for iron particles under certain specified circumstances. Inflammations were treated by the usual antiphlogistic regimen and appliances ; venesection was practised at several other points besides the bend of the elbow ; leeches were more often resorted to than the lance ; cupping also was in general use. Poulticing, fomenting, and the like were done as at present. Amputation was done now and then notwithstanding the want of a good control over the hæmorrhage ; boiling oil was applied to the stump, with pressure by means of a cup-formed bandage, pitch being sometimes added. Tumours and enlarged lymphatic glands were cut out and an arsenical salve applied to the raw surfaces to prevent recurrence. Abdominal dropsy and hydrocele were treated by tapping with trocar, and varieties of hernia were understood, omental hernia being removed by operation on the scrotum. Aneurisms were known but not treated.

Besides the operations already mentioned, the abdomen was opened by a short incision below the umbilicus slightly to the left of the middle line, for the purpose of removing intestinal concretions or other obstruction (Laparotomy) ; only a segment of the bowel was exposed at one time ; the concretion when found was removed, the intestine stitched together again, anointed with ghee and honey, and returned into the cavity. Lithotomy was practised, without the staff. There was a plastic operation for the restoration of the nose, the skin being taken from the cheek adjoining, and the vascularity kept up by a bridge of tissue. The ophthalmic surgery included extraction of cataract. Obstetric operations were various, including Caesarian section and crushing the foetus.

The medication and constitutional treatment in surgical cases were in keeping with the general care and elaborateness of their practice, and with the copiousness of their materia medica ".

I quote here Encyclopedia Brittanica and not our own original texts, because our mentality has now become so deteriorated as to make even my own countrymen believe me, only if I quote Encyclopedia Brittanica but not if I quote Sushruta. I may also add here that the examination of urine by our ancients was carried to such perfection as to enable them to diagnose pregnancy and sterility, by the examination of urine alone ; so too, they did not confine their " Anatomy " to description of our physical structure alone but went on to describe the emotional body as well ; thus we find in our books the description of not only " Sensory areas ", " Motor areas " and so on, but also of " Anger areas ", " Affection areas " and the like ; similarly, a Kaviraj is also expected to be expert in understanding the different *mental* conditions (such as power as concentration, attention, study, application, memory, etc.) by a careful study of facial expression and in other ways taught by the Guru to the disciple that had demonstrated his fitness for receiving this knowledge.

Even the up-to-date modern surgeons of to-day will be more up-to-date and modern if they will take the trouble to acquaint themselves with our learning on the subject. The chief difficulty is that this valuable learning of our ancients is contained in books written in Sanskrit, without a knowledge of which it is not now possible to get at originals ; another difficulty is that the texts are mostly aphoristic and require elucidation and elaboration by competent Gurus, who are now unfortunately very few and far between. It is no doubt true that the Art of Surgery has now undergone decay but it can be easily revived. Though the Art has decayed,

it can be resuscitated and rendered efficient in practice, by conducting Ayurvedic research along right lines, and taking the aid of modern surgery and modern science generally, wherever they are useful; there is nothing demeaning in making use of such helpful guides; for, the use of such aids has been sanctioned by our own Sushruta, who says in Chapter VII Sutrasthan that a surgeon should benefit by "Texts, Traditional teaching, *inspection of other instruments* and also by exhibition of skill."

General Efficacy.—This is also a very big subject to traverse; ultimately, the most satisfactory proof is actual demonstration, as for example, in a hospital; but, if I may judge from my own experience of both systems, I am most emphatically of opinion that the Ayurvedic system has many things to recommend it for our preferential treatment; we have a pharmacopœia, which stands, unrivaled in its richness and excellence; although, due to lack of state recognition and patronage, Ayurveda has suffered greatly, so that the pharmacopœia in actual use is but a small fragment of what it might be, yet, every class of Ayurvedic practitioners—whether of the first or the last order, can do and is doing a lot of good work by the help of the limited pharmacopœia now in use.

The principles of treatment are so clear and scientific, and the methods, so well suited to us, that even a very ordinary practitioner can and does undertake with success the treatment of very serious cases, and frequently, of cases given up as hopeless by Western-trained doctors. I may perhaps illustrate my point by an example. In our shastras, two kinds of fomentations are described, viz., dry and moist; the indications for the use of each are so well laid down that an ordinary Ayurvedic practitioners never makes the mistake of using the one for the other. The Allopathic practitioners also recognise that these two kinds of fomentations are indicated in different conditions; but, the subject is so imperfectly known to them that, not long ago, certain distinguished Allopathic expert brethren of mine, who were engaged in treating an independent Ruling Chief of Bengal failed because of the lack of proper guidance from their science, where I succeeded, thanks to the clear and never-failing guidance of our Shastras. The Royal patient had atrophy of the muscles of both arms and legs, and was completely bed-ridden; my allopathic friends knew that fomentations were necessary; but, they did not know that it was not the dry but the moist fomentation that was indicated here; they only used dry fomentations, including electric current; this and the use of their highly scientific instruments notwithstanding, the atrophy grew worse and worse; it was then that I was called in; it was clear to me it was a case of moist fomentations of the nature of medicated ghees, oils, marrow-fat, etc. I at once began the treatment with a hopeful mind, certain to convince an unbelieving Maharaja, from his own experience, as to the unrivalled efficacy of Ayurvedic treatment, even after its neglect for centuries by our rulers and following them, by the ruled also. I want to impress upon you that it is only by my knowledge of Ayurveda, which taught me that it was Snigdha Sneha that was indicated in the derangement of Vayu and the last stage of atrophy that I was able to succeed where my Allopathic brethren failed; my knowledge of Allopathy could no more help me here than it did my Allopathic expert friends who had charge of the case before me; but, by the grace of our Rishis and the help of Ayurveda, I was able to afford rapid relief to my Royal patient, so that within a month, the bed-ridden Maharaja was able to write, to walk and to attend to his ordinary duties.

Such instances can be easily multiplied; but, there is no need for them here. Speaking for myself, I shall be guilty of the basest ingratitude to Ayurveda which is my never-failing solace, if I do not gratefully recognise and loudly proclaim that the Ayurvedic theory of Tridosh has always helped me both to diagnose and to treat cases more successfully than if I had followed only the guidance of the Allopathic system. Before I close this topic I shall give you only one more illustration to show how perfectly scientific, Ayurveda is both in the matter of diagnosis and treatment. You all know that in cases of hyperpyrexia the sheet-anchor of Allopathy is cold, i.e., wet-packs, ice to head and so on; according to Ayurveda, this is dangerous quackery; cold in any form is only indicated in fevers due to Agneya causes, while it is heat that is indicated in fevers due to Saumya causes; this is a distinction unknown to Allopathy, who treat all cases of hyperpyrexia, by the same rule of thumb, because at present they know no better; for, they do not know that, from the standpoint of treatment, it is very necessary to recognize that hyperpyrexia may be due to causes directly contrary to each other, and that therefore it is always unscientific as well as undesirable and sometimes dangerous and even disastrous, to treat all fevers, by one and the same method of application of cold.

For the benefit of humanity, I implore all doctors, whatever their nationality may be, to study at least the Tridosh theory; it will help them uniformaly and in every case, to diagnose and treat correctly, that is to say, scientifically; Allopathy does not do this in a number of cases; our theory will help them not only to diagnose the nature of disease but the various types of it as well, as also the changes it is undergoing from time to time; without a knowledge of these changes, treatment would be unscientific and may lead to disaster.

Q. 3. (*a*) Yes, with the following institutions:—

(1) Asthanga Ayurveda Vidyalaya, Founder and Principal; also visiting Surgeon to the attached out-patient department.

(2) All-India Ayurveda Vidya—President and Examiner.

(3) Digamber Mitter Charitable Dispensary—Governor.

(4) Hindu Marwari hospital (for both in-patients and out-patients) attending physician.

(5) Madras Ayurvedic College—Examiner.

(6) Venkataramana Dispensary—Examiner.

(7) Jaipur, Lahore, Benares Hindu University and some other Ayurvedic Institutes—Examiner.

(*b*) (1) No. There should certainly be many more institutions for giving Ayurvedic medical relief to sons of the soil; because the Indigenous systems based as they are on the many factors which are peculiar to the children of the soil, e.g., their habits, customs, mode of living, climate, the nature and quantity of drugs available, etc., are naturally better suited to us than foreign system. As Charaka says,

"यस्मिन् देशे हि यो जातः तस्य तज्जौषधं हितम्"

"whosoever born in a particular country to him the drugs grown in that country are suitable."

(2) The answer is "Yes", if we do not expect too much all at once; in our Asthanga Ayurveda Vidyalaya, there is arrangement for teaching all the eight branches of Ayurveda, in both its theoretical and practical aspects; so also in the two institutions at your own place, viz., the Madras Ayurvedic College and the Mylapore Venkataramana dispensary, both of which I have visited; of course, many more such institutions have to be started. In this connexion, I cannot but pay my tribute to your Presidency which was till recently graced by the presence of that great worker for Ayurveda, the late Vaidya Ratna Pandit D. Gopalacharlu, from whom it was that I got the inspiration to start our Asthanga Vidyalaya.

(*c*) This sub-question has obviously a quantitative bearing; and the answer must be in the negative; for considering our needs, the number of existing institutions is but a drop in the ocean.

Q. 4. (*a*) (1) Emphatically yes. To the invaluable excellence of Gurugriha Nivasa, which this sub-question refers to, I can bear ample and personal testimony; from my childhood almost, I lived and studied in my Guru's immediate presence forming a part of the huge family consisting of my Guru and his pupils; first, I lived with about 100 pupils of my late revered father, and after his demise, with my second preceptor, as his own son. It is difficult to exaggerate the immense value of such a holy atmosphere of study and learning. I recognize that at the present day it is not practicable to revive the beautiful institution of our ancient Gurugriha nivas. Nevertheless, something of its ancient glory may be preserved if we could found residential Ayurvedic Colleges standing in their own grounds, where reside not only the pupils but as many professors as possible, so that the students may as far as possible live and study in the immediate and inspiring presence of their preceptors. If even this is not possible, we may so arrange our curriculum that for at least a couple of years every student lives with at least one of his professors. It is only thus that the pupils learn many invaluable things, without feeling or knowing that they are being taught. Our present system of spending a few hours in the College and hospital, trying to learn bits of Sciences and Arts and then spending the rest of our lives in quite a different atmosphere is not calculated to make for that high culture of plain living and high thinking, which our ancient system of Gurugriha nivasa inculcated. As an ancient verse has it,

गुरुशुश्रूषया विद्या पुष्कलेन धनेन वा ।
अथवा विद्यया विद्या चतुर्थो नोपपद्यते ॥

"There are only three ways and not a fourth of learning vidya—by serving under a Guru, by spending a large amount of money or by exchange of vidya."

Especially for the student of medicine, it is highly essential that, in the plastic period of his life, he should learn to build up into his life, that high sense of duty and honour, as also that spirit of service and self-sacrifice, which is best fostered under a system of Gurugriha nivasam, provided, of course, the Gurus are not of the mercenary type that is unfortunately becoming increasingly common at the present day. Even from the standpoint of pure academical learning, the pupils are certain to learn best, when in addition to their college and hospital tuition, they get the inestimable benefit of watching and following the Guru, in the practice of his profession, both at home and outside.

One other misfortune that we have to contend with is the question of Religious Education; some sort of Christian Religious training is imparted in Christian Mission Schools both to Christian and Non-Christian pupils which is obviously a very unsatisfactory arrangement; on the other hand, we have the schools run by Government, where no religious training of any kind is imparted. I do not want to enter here into the discussion of this vexed question of religious training, I merely wish to express my strong conviction that, to the medical student more than to any other, religious training is highly necessary; the best and the noblest members of our profession are what they are because of the *truly religious* life they lead, no matter to what particular religious denomination they belong or, may be they belong to none. Why then should we leave the growth of the religious spirit within us to chance or to accident? why not promote it deliberately and of set purpose?

Q. 5. I am sorry that the Calcutta University Commission who, very kindly visited this institution, did not enter fully into the subject of Ayurvedic study. No useful purpose is therefore served by taking note and answering the casual remarks of that august body. Knowing as I do the high qualifications of the members of that Committee, I have very little doubt they would have expressed themselves quite differently if they had entered seriously into the subject of Ayurvedic studies. The statement that " the distinctions between the two systems (Indian and European) will then disappear " is a pious wish that is not likely to come to pass in the near future at all events. Well may we say that the distinction between Hinduism and Christianity will disappear, when each recognises and adopts whatever is good in the other. If, however, the statement means that both systems are at times prone to exhibit an unscientific attitude of intolerance and bigotry, and that, when all of us view things in a strictly scientific attitude, the quarrel over distinctions disappears, then, I believe, the statement may be taken to express a wish that is capable of early realization, always provided that we have a real co-operation of both parties and not indulge in that brand of pseudo-co-operation, so much affected now a days, where one party is always to boss and lay down the law and the other party, always to yield and obey, under the peril of being branded otherwise as an infamous non-co-operator.

Q. 6. I am for the study of everything that is really good in the wide domain of science; but, teach your pupils Western Anatomy, Physiology, Botany, etc., on the broad basis of our own Anatomy, Physiology, Botany and the like ; if the latter subjects are well taught and thoroughly understood, then, it will not be difficult to give a few additional touches of Western Medical Science ; beware however of that mischievous method of teaching Western Science, which sometimes results in the young student wrongly thinking that everything that is good and valuable is the exclusive privilege of Western Medical Science. If, in the minds of our pupils, the foundations of Ayurveda are well and truly laid, there need be no fear on this score ; on the other hand, a true Ayurvedist will be a better Ayurvedist by a study of other ways of looking at the truths of Medical science ; for this purpose, I would welcome the study, as far as possible, of the best thoughts of savants all the world over, English, French, German, American, Japanese, Russian and so on.

When, some time ago, General Edwards (then Surgeon-General with the Government of Bengal and now Director-General, Indian Medical Service) asked me to devise and teach a short one year course in Ayurveda to our passed students of the Medical College, he had the idea at the back of his mind, which even some well-meaning Indians entertain, viz., that, by so doing, we will be forwarding the cause of Ayurveda. But you cannot manufacture true Ayurvedists so easily ; I told our well-meaning General that what I could do in a year is only to supplement the knowledge of materia medica already possessed by the students but I could not turn them into good Kavirajas, which is the crying need of the country. Similarly, if our Ayurvedic Colleges merely open a short supplemental course of one year in Allopathy to our passed Ayurvedis students, we will not thereby succeed in making them good Allopathists ; possibly, that way may lie danger and disaster. Half-learning is dangerous and quarter-learning even more so.

(*a*) As regards the curriculum of studies, I would suggest that of our Asthanga Ayurveda Vidyalaya as a model ; you will, of course, have to make such suitable changes, as are suggested by local conditions.

(*b*) *Preliminary qualification.*—An ideal student cannot be had now a days ; I do not know why ; we are gradually deteriorating ; let us hope better times are ahead of us. The points which the Principal or the selecting authority or Committee of a Medical College should attend to are such as the following :—

(1) *Family history.*—Other things being equal, a doctor's son is more likely to become a successful doctor than the son of any other.

(2) The moral tone of the student.

(3) Physical health.

(4) *Intellectual capacity* as judged by memory, power of expression, etc.

(5) General equipment as judged roughly, by a university or other recognized test ; if the candidate possessses no such qualification, he has to be tested *viva voce* by the Principal or Professor.

For Ayurvedic study, there should be two sections :

(*a*) Students with very good knowledge of the Sanskrit language and a general acquaintance with Mathematics, Natural Science, etc.; a working knowledge of English would certainly be a very useful acquisition.

(*b*) Students with a very good knowledge of the vernaculars, other qualifications being as in (1) ; qualification (*a*) is for those practitioners who want to become professors ; for others, qualification (*b*) is enough. Age. Candidates should not be too young ; I know of cases where very young candidates stood first in the final examination but were not able, as practitioners, to infuse any confidence in the patient, because of their very youth. For the present, I would suggest the age period of from 16 years to 20 years, as the most suitable for admission.

(*c*) Mother tongue of the candidates is, of course, the best medium of instruction ; for higher studies, a knowledge of Sanskrit is essential. For post-graduate studies, I would recommend that Ayurvedic students should acquaint themselves with all recent advances in Western Physiology, Pathology, Bacteriology, etc.

Q.—7. *Medical Registration.*—Some sort of control there must be, but, not after the fashion of the existing Medical Registration Boards. My idea is to have a Board consisting almost entirely of Ayurvedists themselves, with one or two eminent laymen also elected by them (Ayurvedists). The Government should establish a separate Department of Indian Medicine, quite independent of the existing Department of Western Medicine.

Q.—8. For facts and figures showing the comparative cheapness (consistent with at least equal efficacy) of Ayurvedic treatment, I would refer you to the statistics of our Ashtanga Ayurvedic Institute ; I believe the statistics of almost all Ayurvedic Institutes will bear testimony to the same fact. Then again there is the question of purity of drugs and of their being available in sufficient quantities in India itself and so on. At present, genuine Allopathic preparations are very expensive—prohibitively expensive ; to give one instance ; I have found that the liquid extract of Ergot is very much more efficacious than the ordinary so-called 'standardized' preparation ; but, it is sold at 14 annas an oz., while the latter is only 3 annas an oz.; but, in the long run, the costlier however is really the cheaper because smaller quantities and fewer doses are enough. In judging the cost of treatment, we have to bear in mind the following points :—

(1) *Cost of diagnosis.*—Allopathic diagnosis is already very costly and threatens to become even more costly, if the diagnosis by a *team* of experts becomes the necessary order of the day. Not that I underrate the value of diagnosis by a team of experts, but, there is no use shutting our eyes to the question of cost, as long as we live in a world where financial considerations play a prominent part.

(2) *Their ready availability in India.*—If the recent European war has not acted as our great eye-opener in this matter, nothing will. We had habituated ourselves to depend on foreign, mostly German, preparations, so that when their supply failed during the war many drugs like Enquinine, Aspirin, Salvar(s)an, Neo-Salvar(s)an, etc., became rarities, that could not sometimes be had for even their weight in gold. The only way to safeguard ourselves against such dangers is to depend mostly on ourselves and on drugs grown or made in India.

Q.—9. *Causes of decay.*—(*a*) Introduction of the Foreign Rival, viz., the Western Medicine, as the system favoured exclusively with State recognition and patronage.

(*b*) Consequent on lack of State patronage, the Indian systems began to suffer decay, which was hastened to some extent, by neglect of the surgical Art by Ayurvedic practitioners and its assiduous cultivation by the rivals.

(*c*) *British exploitation of our drug and surgical market.*—The huge profits made by British exploiters being due to the exclusive supremacy of State-patronized Western system, it was only natural that, under British rulers, every effort should be made to promote and ensure such supremacy, which necessarily meant bad time for the Indian System.

(*d*) The absence of big commercial firms for vending Ayurvedic remedies on a large scale and in the attractive manner in which the Western medicines were offered for sale.

(*e*) The general process of denationalisation which overtook us and resulted in our infatuation for everything foreign and indifference to everything Swadeshi, had its share in creating in us an infatuation for Western medicine and an indifference to our own Indian system.

If we are to retrace our steps and enter on the right path, it is necessary that our Government should give up treating our systems with that culpable indifference which has been its attitude so far ; let the Western system live by all means and let us profit by the lessons it has to teach ; but, let there be no further neglect (if not also persecution) of Indigenous systems. Let the motto of the British rulers be " Live and let live."

Q.—10. *The state* (1) As stated above, the State will really be helping as a great deal, if they remove the unjust bane that they have helped in creating on the Indigenous System of Medicine ; surely this is not asking too much of an Indian Government.

(2) By making suitable grants for the fostering of indigenous systems ; it is not too much again to ask of an Indian Government that the grants to the Indian system may bear a reasonable comparison to those for the foreign system ; at present, the Indian system gets nothing and the foreign system, everything. I merely plead for bare justice.

(3) The European Officers selected for work in India must receive instructions, as a part of their curriculum, regarding our habits, customs, climate, dietary, etc.; proper dietary is the *sine qua non* of all treatment.

Charaka.

विनापि भेषजैर्व्याधिः पथ्यादेव निवर्तते ।
न तु पथ्यविहीनानां भेषजानां शतैरपि ॥

(4) Properly equipped and properly staffed. Hospitals and dispensaries of Indian systems should be opened all over the country ; a system of subsidizing private enterprises should also be vigorously pushed.

(5) There should be instituted a suitable system of medical registration, for recognizing competent Ayurvedic practitioners, the certificates issued by them regarding sick leave, absence from appearing in court on account of illness, health certificates and so on.

(6) Founding of new Ayurvedic Vidyalayas and voting suitable grants to existing ones.

(7) The employment of competent Ayurvedists in State-maintained institutions and permitting their employment in institutions receiving grants or recognition from the State. In the words of our distinguished countryman, P. C. Chatterjee, Ex-Judge of the Punjab High Court and Ex-Vice-Chancellor, Punjab University: "There is also no sound reason why the allopathic system alone should monopolise Government patronage and support. The indigenous system which has sterling merits has a strong moral claim for help from the revenue derived from the Indian people".

(B) *Local boards.*—I am thankful to the District Boards of Jessore and Phulna who have already done their duty by Ayurveda and suffering humanity. My prayer is that other local boards should follow very soon this excellent example.

(C) *Universities.*—Lahore University has made a small start, with a short two-year course. I recommend the institution in every Indian University of an Ayurvedic faculty; the existing Colleges and schools may well form the basis, with necessary modifications and additions, especially on the practical side; the university should itself maintain a central high-grade college, to which the several smaller institutions may act as feeders. The independence of the several schools should not suffer; even in the conduct of the periodical examinations, the professors of the particular school should have a prominent part. Final diplomas are to be issued under the joint signatures of the Principal and the Vice-Chancellor of the University.

(D) *Private agencies.*—These generally follow the example of the State: "As is the King, so are his subjects;" "Yatha Raja Thatha Prajah" as our ancients would say. Let the Government but show its barest interest (or at least cease to be hostile) and then, the baneful atmosphere that surrounds Ayurveda vanishes and help is sure to come to us from many a private source, for example, Rajas, Maharajas, nobles, charitable trusts and associations, religious endowments which have funds at their disposal, especially in your part of the country, and so on.

(3)

AYURVEDACHARYA KAVIRAJ JNANENDRA NATH SEN KAVIRATNA, B.A., CALCUTTA.

Q.—1. I prefer and propose to deal with the Ayurvedic system of medicine.

Q.—2. (*a*) Vayu, Pitta and Kapha, which certainly do not correspond with wind, bile and phlegm as done by some, are the three principal factors in the system, which, when deranged jointly or separately, give rise to the one or the other of the innumerable diseases. *Asatmyendriartha-samyoga*, *Prajnaparadha* and *Parinama* also play a good part in the causation of disease. Health means the normal and natural state of the three factors—Vayu, Pitta and Kapha in the system.

I am afraid the Ayurvedic theory has nothing to do with the so-called modern scientific criticism which, in my opinion, is not scientific at all when considered from the standpoint of Eastern scientific ideas—at least so far as the Western Medical Science, is concerned. The Western Medical Science, in my opinion, is only in its infant state and is engaged at most only in making observations and experiments and has not yet reached the scientific stage.

The methods of scientific observation are also different with the Easterns and the Westerns.

(*b*) The question has been answered in (*a*).

First to find out by means of *Pratyaksha*, *Anumana* and *Sabda*, which one or more of the three first principles (Vayu, Pitta and Kapha) has been vitiated, and then to try to bring them in their normal natural condition.

The general efficacy of the Ayurvedic treatment is marvellous and the least costly and the best suited to the Indians.

Nothing like returns and reports of the cases treated is preserved by the practitioners of Ayurveda, though considered necessary at present. Physicians are often, however, satisfied as to the result, viz., whether the patients are cured or not.

(*c*) Certainly and perhaps in almost all cases.

Ayurvedic physicians are famous for curing chronic cases given up by the Allopathic doctors.

Q.—3. (*a*) Yes, with several.

Every Ayurvedic physician, it should be noted, at least in Bengal, has got a charitable out-door dispensary of his own, where medicines are daily distributed free to the poor and the needy.

(*b*) (1) Yes, satisfactory in the large towns but not sufficient in the mufassal villages.

(2) Yes, satisfactory.

(*c*) There is not sufficient medical provision for medical relief on indigenous lines in the mufassal villages, as everyone first turns his attention to the towns and cities, where it is sufficient.

Ayurvedic physicians may be subsidised in the mufassal villages.

The provision for medical education on indigenous lines is, in my opinion, quite sufficient.

Q.—4. Yes, certainly.

(1) Students of ordinary merit would not, however, care to be placed under them and they would prefer preceptors of ordinary merit. They are also necessary and useful factors in the society.

(2) It would be well and helpful, no doubt, if the Government can find means to provide for them. This want is keenly felt but can hardly be removed except by royal patronage.

(3) Of course, if possible.

But Ayurvedic preceptors of first-rate ability as in every other sphere of life, would scarcely be able, under the ordinary circumstances, to find much time and leisure.

I don't think that there is any such institution in this Presidency, where all the three conditions are fulfilled. But, in my humble opinion, Ayurvedic practitioners do not spare any pains to make themselves useful preceptors, so far as in their power lies, and to bring out, be it said to their credit, successful pupils without any grudge even by giving free board and lodging in addition to free tuition.

(*b*) No, I do not consider this ideal too high; but the Government alone is able to carry this ideal into effect by founding hospitals, museums and libraries.

Q.—5. No. I do not agree. It is absolutely impossible and undesirable, unless the Allopathic system usurps and absorbs the indigenous system, as it is trying to do.

Any mode of unification would be harmful to the Ayurvedic system. I consider the Ayurvedic system to be perfect, as standing the test of ages, even in the face of positive disfavour of the Government.

Q.—6. Certainly not. The modern medical science is no *perfect* science at all. It is only trying to become a science. It is still highly empirical.

(*a*) Does not arise.
(*b*) Do.
(*c*) Do.

Q.—7. (*a*) Not required at all. The certificates of the preceptors and the confidence of the public would be enough.

(*b*) To remove the obstacles against the indigenous systems, direct or indirect.

Q.—8. The Ayurvedic system of treatment, as I have told you in 2 (*b*), is the least costly and the most suitable to the Indians.

Q.—9. Nothing more than the positive Government disfavour against the indigenous systems and particular favour towards the Allopathic system.

Remove the causes and the matters will be set right.

Q.—10. By founding Ayurvedic hospitals and dispensaries in place of the Allopathic ones and by subsidy.

(4)

KAVIRAJ HARAN CHANDRA CHAKRAWARTHI, GHARMARA, BENGAL.

Q.—1. I propose to deal with the Ayurvedic system of medicine.

Q.—2. (i) The Ayurvedic system attributes diseases to three kinds of causes, viz., (*a*) Asatmyendriartha-Samyoga असात्म्येन्द्रियार्थसंयोगः, i e., cessation of the action or abnormal action of the senses, viz., the organs of vision, taste, smell, touch and sound; (*b*) Prajnaparadha प्रज्ञापराधः or indiscretion, and (*c*) Parinama परिणामः or influence (of time and old age).

(*a*) By Asatmyendriartha-Samyoga is meant the *ayoga* or disuse, *atiyoga* or excessive use, and *mithyayoga* or abuse of the different sense organs. Continued inaction, for instance, of the organ of hearing owing to the absence of any sound stimulus may be called its *ayoga* or disuse. The prolonged audition of terrific sounds, such as thunder or cannon roar, may be termed its *atiyoga* or excessive use; the hearing of highly shocking news, such as the loss of one's property or son, may be termed its *mithyayoga* or abuse. Similarly with regard to the organ of touch, the continued suspension of its activity may be said to be its *ayoga*, its contact with anything extremely hot or cold its *atiyoga*, serious wounds or its contact with poisonous or filthy substances, its *mithyayoga*. Again, in the case of the organ of vision, its *ayoga* will mean the continued suspension of its function through the prolonged confinement, for instance, of an individual in a dark cell; looking at the sun or brilliant flashes of lightning may be called its *atiyoga* and close observation of a minute or restless object (which may strain the eyes) or fixing the eyes on a very distant thing may be said to be its *mithyayoga*. Thus in the case of taste, one may regard abstinence from food as its *ayoga*, over-feeding its *atiyoga*, and taking in of putrid matter or of an incongruous diet its *mithyayoga*. In this way the organ of smell also has its *ayoga*, *atiyoga* and *mithyayoga*.

(*b*) Prajnaparadha or indiscretion will mean the *ayoga*, *atiyoga* and *mithyayoga* or the disuse, excessive use and abuse with regard to thought, word and deed. By its *ayoga* is meant the complete abeyance of the powers of thought, speech and action. Its *atiyoga* means the over-exertion of the mental and bodily powers. Thus, quarrelling, reviling others and telling lies would amount to *mithyayoga* of speech ; lust, anger, etc., indicate *mithyayoga* or abuse of the mental powers ; wilful retention of urine, etc., and jumping, etc., indicate the *mithyayoga* or abuse of the physical powers. In short, besides *ayoga* and *atiyoga* of thought, word and deed, whatever is harmful to the body implies their *mithyayoga*.

(*c*) Parinama or influence of time and old age. We have three principal seasons in this country—the Summer, the Winter, and the Rains. *Ayoga*, *atiyoga* and *mithyayoga* of these seasons is called *parinama*; for instance, drought during the rains indicate *ayoga*, excessive showers during the rains or excessive heat or cold in summer or winter respectively indicate *atiyoga*, and undue cold in summer and heat in winter indicate *mithyayoga* of seasons, that is, *parinama*. Decay also is the natural and inevitable consequences of old age.

All sorts of diseases may generally be attributed to the causes above mentioned. Apart from these, there are some special diseases which may attack equally persons (of a particular locality) with diverse habits and modes of life, at one and the same time. These diseases are known in Ayurveda as जनपदोद्ध्वंसनीयव्याधिः or epidemic diseases. By way of illustration we may mention Bubonic Plague and Influenza of modern times. These diseases break out owing to the contamination of air, water, etc., or to the abnormality of weather conditions. That there are some diseases which spread by contagion is recognized by Ayurveda. It must therefore be said that such diseases have some inherent principle which affects others by contagion. But this by itself cannot be regarded as the primary cause of such diseases, because it cannot take effect unless there is a predisposition for such diseases brought on by other causes.

Q.—2. (ii). Of the ingredients of the body there are three principal elements, viz., *Bayu* or vital current, *Pitta* or metabolic fluid, *Kafa* or lymph, derangement of which leads to diseases. As these three elements sometimes render the ingredients of the body, such as blood, etc., impure, they are called the evils (*dosa*). As the earth is being sustained in various ways by the action of the sun, moon and the atmosphere, the body also is being kept up by the harmonious action of these three elements.

Ayurveda, for the convenience of diagnosis and treatment, analyses the body into seven kinds of materials, such as chyle, blood, flesh, fat, bone, marrow and semen, which are obtained from food through metabolism. Food properly digested is converted into a finer essence called रसः or chyle, and a dross, which forms some of the excreta in the body. A colouring red substance in the liver and spleen adds a red pigment to the chyle and transforms it into blood. Blood gets converted into flesh which leads to the formation of fat. Out of fat grows bone and finally the body comes to have marrow and the seminal fluid. The body is nourished properly by these ingredients. A portion of the dross above referred to is expelled from the body as sweat, urine, and stool. These seven ingredients may be rendered impure by the disordered action of *bayu* (vital current), *pitta* (metabolic fluid), and *kafa* (lymph) and thereby may cause diseases. For this reason they are also called *dusya* (things liable to become poisonous). These seven ingredients together with the three elements (bayu, pitta, and kafa) sustain the body and so are called the radicals (*dhatu*).

The scantiness, poverty or richness of these ingredients brings on diseases while their equipoise makes for health. These have certain specific properties and like them every other substance in the world has also its peculiar characteristics. Indulgence with respect to an object with a specific virtue may lead to the derangement or aggravation of the particular element in the body relative to it; and the enjoyment of things having a neutralizing or contrary character lessens the strength of the element concerned. On the other hand, moderate and well-regulated enjoyment of things of diverse virtues succeeds in maintaining in harmony and consistency the different elements of the body and thus conduces to its health and vigour. This is the fundamental doctrine of Ayurveda relating to the health and diseases of the body and their treatment. Charaka has expounded this basic principle of Ayurvedic Science in connexion with health and diseases, their origin and mode of treatment. (1).

Thus in the first instance by the undue indulgence in things having similar virtues, the human body looses its inner equipoise and there sets in what is called the degeneration of some of its principal elements. This marks the initial stage in the onset of diseases. Ayurveda regards this as the first stage in treatment of diseases. At the next stage there follows an aggravation of the malady through other excesses. Some symptoms of general unhealthiness appear at this stage, but no sign of any particular disease can yet be traced. This is the second stage for treatment. At the third stage the system becomes affected through an accumulation of disordered elements spreading all over the body and other more prominent symptoms of sickness make their appearance. This is the third stage of treatment. The poison afterwards begins to react either upon the entire body or on any particular part of it in such a way as to tend to break out into a definite disease, impairing the whole system, such as fever, etc. It is true the actual disease does not yet appear with all its clear symptoms, nevertheless it becomes possible at this stage to arrive at a probable diagnosis about the nature of the coming disease from the symptoms that are already manifest. According to Aurveda this is just the immediate

premonitory stage for the actual attack by a disease, and it would be the fourth stage of the malady for treatment. By an efficient (दोषनिर्हरण) mode of treatment the actual onset of the disease may be checked. But in the absence of this the disease must have its inevitable course, coming out together with all its symptoms. These symptoms have to be examined directly by the eyes and other sense organs as well as with the help of instruments ; and it is on the basis of the results thus obtained that the final diagnosis of the disease is to be inferred. There is provision also for diagnosis through examination of the action of medicine and diet in the case of some diseases.

Ayurveda has not considered the fixing of names to diseases as sufficient in the matter of diagnosis and determination of the character of diseases. According to it, each disease may assume various forms owing to difference in the predisposing and exciting causes ; and unless this is kept in view, no treatment can be successful. A particular diet or medicine which may be efficacious in a particular variety of a particular disease may be highly injurious if administered in the case of the same disease with different characteristics. Hot water, for instance, which is an excellent remedy in ordinary fevers, is highly injurious in bilious fever. Even though no definite name can be assigned to a disease, treatment may go on if only the deranged or disordered element in the body be ascertained. So, Ayurveda claims to be able to diagnose and treat diseases that are already known as well as those that may be known in time to come.

Ayurveda has advised diagnosis of a disease after full consideration of everything relating to the diverse elements and ingredients of the body, the characteristics of the patient, his habits, physical, mental and digestive powers, age, etc. Ayurveda does not therefore consider such a diet as raw-meat-juice to which people belonging to cold countries are habituated, as suitable to vegetarians belonging to hot countries. In the same way complete abstinence from food and drink even for some time suitable to people accustomed to long fasts is regarded as unsuitable for those accustomed to taking half boiled beef, etc. In short, according to Ayurveda, the abnormal or unhealthy poverty or richness of the bodily ingredients brings on disease, whereas the remedy lies in their harmony and equipoise—when a complete absence of appetite indicates the abnormal increase of the liquid element in the body, the proper remedy lies in complete abstinence or fomentation (स्वेद:). In the same way, when weakness, thirst and pain in the chest indicate the scantiness of liquid in the body, a medicine or diet that would tend to increase the liquid element should be given.

Q.—2. (iii). As regards our country, the Ayurvedic system of treatment is undoubtedly more efficacious than other systems of medical treatment, inasmuch as its principles of treatment are based on full consideration of the place, time, diet and customs of our country. In the first place as regards diet, the injunctions of Ayurveda are best suited to our countrymen. The Western system of medicine has hardly discussed the dietetics and customs of our country, while Ayurveda has laid down what is particularly beneficial or detrimental to our health after due consideration of the merits and defects of every one of our food-stuffs in all their different conditions and forms and of every one of our actions. It has further enjoined that in selecting every diet, the physician should closely observe the condition of the place, time, vitality, natural constitution, habits and age of the patient. In the West the consideration of diets is based on chemical analysis of those ingredients ; but in a majority of cases, such a process hardly yields any useful result. If we analyse sugar, we find only carbon and water ; but I don't think that a *sarbat* of charcoal can therefore produce the same result as does a *sarbat* of sugar. Boiled rice would, indeed, be a lighter diet to those who are used to half-boiled beef ; but for those people who live upon fine old rice and yet suffer from indigestion, raw-meat-juice can never be used as a diet.

Not to speak of other diseases, in cases of fever only (in which the notion prevails that the Allopathic system is the best) the diets considered by the Ayurveda are well reasoned and quite suitable to our country. According to Ayurveda when a food is not fully digested, it gives rise to a *rasa* (रस:) in which some portions of food remain in an *ama* (आम) state. This रस not being well circulated, ducts of blood and biles in the liver get clogged. And the blood that grows out of this *ama rasa* not being well filtered gets a good quantity of biles mixed up with it and such blood in combination with biles becomes more warm than ordinary blood. And when such blood is circulated through the whole system, the general heat rises above its normal temperature, and that is termed fever. A large quantity of biles being thus mixed up with blood, only a small quantity of biles can collect in the gall-bladder, and the bile duct remaining clogged, even that small quantity of biles cannot discharge itself into duodenum. When the stomach is thus fouled, the power of digestion does not remain, and therefore it becomes incumbent to give rest to stomach, i.e., to fast ; and that is the injunction in this land of abstinence. But this sort of fasting would not suit those people of cold countries who habitually take meat and possess an abnormally high power of digestion. A little fasting makes flesh-eaters weak in a very short time ; and this will be evident to all from the comparison of a case of an European with that of an Indian or for the matter of that of a case of carnivorous beasts like lions and tigers with that of bulls. Without due consideration are the Western physicians prescribing for us diets examined in their own lands and this is causing us much harm.

Secondly, in the Western system of medicine, the number of drugs seems to be rather limited ; and in many cases treatment is made by means of patent medicines. Besides there are

hardly any medicines for the treatment of chronic cases, such as insanity, nervous diseases (वातव्याधि), internal tumour (गुल्म), ascites, chronic diarrhœa (ग्रहणी), dyspepsia, etc. Then there are no medicines absolutely in the matter of रसायन (prolonging longevity) वाजीकरण (*prolonging the power of generating* human being). Medicines for वाजीकरण are not needed for the people of those countries, where meat forms the principal food and wine makes the principal drink ; but in a country where control over the sensual appetite is always thought desirable and where the majority of the people are vegetarians diets cannot be of any special use in वाजीकरण or augmenting the sensual power. In these days of uncontrolled passion, medicines for वाजीकरण are doubtless very necessary. The Westerns can hardly conceive of रसायन (treatment to prolong longevity with sound health). In the Ayurveda it will be found described how by the five acts (पञ्चकर्म), the human system can be purified and the रसायन medicine can be applied thereafter to give longevity to human life. But unfortunately these things, for want of proper study and application, are passing into oblivion. It will be a great good done to the world, if we could now make arrangements for the proper teaching and research of these things.

Thirdly, douche is used by the Allopathic system for the purpose of causing evacuation or of sustaining strength. But the methods of applying the douche are so varied and so effective in the Ayurvedic system that treatment by means of douche will be found in the majority of diseases.

Nextly blood-letting under the Ayurvedic system is expected to yield better results than under the Western system of treatment. According to the latter blood-letting is prescribed only in a few cases. But the Eastern system has prescribed blood-letting as a remedy in several diseases, even spleen and other diseases which are hard to be cured, are found to be cured by blood-letting.

Then again cauterization by alkali and fire and *treatment by means of cauterization by fire* are special features of the Ayurvedic system. By these means many diseases can be cured. Even now in cases of piles and fistula, etc., treatment by application of alkali is found to yield better results than surgical operations.

Even in the matter of surgical treatment in which the Westerns occupy the highest place at the present time, even in this department of treatment, I know it from my personal experience of actual operations that there can be no doubt the present scientific antiseptic processes are admirable ; but the Western systems are in want of good medicines to induce healing up of wounds. If any wound for some reason refuses to heal up, the only remedy with the Westerns is a fresh operation, viz., scraping of the wound. But the Ayurvedic system possesses such powerful medicines for inducing granulation, that not to speak of simple abscesses or wounds, even sinuses can be cured without the help of any surgical operation. (I have myself cured many patients of this type). Then again, the Western system does not seem to know the process by which the cicatrix mark can be avoided, but this process of *sarbarikaran* (i.e., recovering the original complexion of the skin after the wound is healed) is a principal thing in the treatment of abscesses or wounds under the Ayurveda. I have been studying and applying the Salya-Tantra (Surgical system of the Ayurveda) for the last fifty years and this has made it plain to me that even in the matter of Salya-Tantra (Surgery), as well as in many other respects, the Ayurvedic system is superior to that of the West.

There are many things in Ayurveda that are superior to those of the Western science in point of efficacy. But unfortunately there is no place or arrangement for the study of those processes. And it is for this reason that at present the processes of douche, blood-letting, cauterization by alkali and fire are becoming things of the past in the Ayurvedic professions. The science is still there. Even if now these things are studied and practised, researches made, that will be doing, no doubt, an immense service to the world. It is for this want of study and research, that to-day the Ayurvedic science of Salya and Salakya (surgery and optics, etc.), has dwindled into insignificance and the system of the West has risen to the pre-eminence. Even in the matter of the practice of medicine the medical system of the West is unable to cure many diseases. Take, for instance, the case for Influenza which has been depopulating the country. The physicians of the West have not yet been able to discover any special treatment for this disease. But the physicians of the East never failed in its diagnosis and treatment. And despite the apathy of their countrymen, they have been able to cure the majority of cases that came to their hands. It has been already stated before that the Ayurveda has so very systemetically and carefully recorded its methods of treatment of diseases that it will be possible by that system of medicine to cure diseases that have already come or will come into existence, provided they are not incurable by its nature.

Besides, whether a disease is easily curable or curable with difficulty or incurable, can be more conveniently ascertained by the Ayurvedic system than by the Western medical science. Even the ordinary *vaidyas* of our country can predict with certainty long before, whether a disease is incurable or whether a patient will die, a thing which may not be possible even for a civil surgeon well versed in the Western sciences.

And our last reason is this: the crude medicines of the Ayurveda is more useful and efficacious than the extracts of the allopathic system. Despite his attempts, man has not been able to get rid of the crude state of his food and that is what is keeping up his health and vigour; therefore if we want to destroy any physical distemper, we will have necessarily to send for its remedy in things crude like his food. Although medical men of the West have demonstrated that of the food taken, some matters such as nitrogen, etc., are assimilated in the system, and the rest is thrown away, yet those rejected matters have their own significance; according to Ayurveda the refuses have to play its own part in the human physical system. A human body cannot live even for a moment if there be no refuses (मळ) in it. Thus in case of Phthisis (राजयक्ष्मा) when despite nutritious diets of various sorts refuse matters preponderate in the body, it is these matters that support the system; and Ayurveda has therefore enjoined to retain the refuse matter (मळ) in cases of Phthisis. If the significance and usefulness of these refuse matters could be denied, then man could surely live upon such things as oxygen, etc., obtainable in chemical laboratories; and the bread problem of the country would have been solved to a great extent. Let us explain by means of an illustration. According to the Oriental system, myrobalan (हरीतकी) is a principal and laxative medicine. If you take out its essence, that essence will be tanic acid. Tanic acid constipates, while myrobalan is a harmless laxative This tanic acid can be obtained from the bark of Babool trees (वट्टलम्) also. We use the bark in stopping up looseness of the bowels. So, if we are to take the essence and let alone the crude things, many such useful medicines such as myrobalan would be thrown away.

Q.—3 (*a*). I have no connexion directly with any institution, providing medical relief or medical education on Ayurvedic lines.

(i) The few Ayurvedic hospitals that are in existence or those that may be established are hardly sufficient for the purpose of the teaching of the Ayurvedic system. In these days there are Ayurvedic physicians who have in particular respects acquired a name and fame in the country, but I would not think that they are competent to conduct any hospital, and the reason is this: they not having any practical experience of the surgery and midwifery, etc., cannot employ the same to any use.

(ii) I have heard that an Ayurvedic school has been established in Calcutta; but I don't think that there can be any special arrangement for practical training. Unless there are proper hospitals, museums, libraries, gardens of medical herbs, attached to the school, Ayurvedic system, it seems to me, cannot be usefully taught.

Q.—3 (*b*) I do not believe that adequate help towards revival and rescuscitation of Ayurvedic studies will just now be available. But if the Government recognize this science, the public may possibly try for it and due aid could be expected in the near future.

Q.—4 (*a*) The remarks contained in clauses (1), (2) and (3) are particularly important no doubt, but there is really no possibility of an all perfect Ayurvedic institution being founded in the near future in this or any other province where adequate help for the purpose may be available. But if the Government approve and try, Ayurvedic education may be first imparted with the help of the surgeons trained in Western sciences and hospitals; afterwards teachers trained in all the branches of Ayurveda will be available and under the guidance of these able teachers a number of educated students may turn out every year.

(*b*) An Ayurvedic branch may be added to the already existing medical colleges and hospitals which have been established by the Government and with their help students may begin a practical training. Gradually when there will be quite a good number of men trained in all the branches of Ayurveda, separate Ayurvedic schools may be established after Western models. It is also possible to establish separate Ayurvedic schools even now. One or two surgeons educated on Western lines may be employed to give practical lessons in Surgery, but it will entail considerable expenditure.

Q.—5 I regret I cannot agree with the view of the Calcutta University Commission. I do not believe that orientalist will be able to reject things which are suited to their country in all its various aspects and have very well stood the taste of age—long experiment and to which their people have become thoroughly habituated through long use and accept things suitable to cold countries which have not been adequately examined by Western empiricists.

The methods of treatment under the two systems are entirely different. What is regarded as the best medicine or the best application of it by the Westerns may not appear so to the Orientalists. They detest medicines which prove injurious to men in some respects. Potassium Bromide and Aspirin, which are useful in particular maladies but also harmful in some respects, cannot be regarded by Ayurveda as proper medicines at all. (*a*) In the first stage of fever when food and rasa remain undigested, the doctors would try to purify the system by the use of purgative and would immediately apply anti-ailing medicines such as quinine; quinine being extremely bitter in taste and anti-bilious lessens bile and thereby lowers temperature. But by so lowering the temperature no real cure is effected as loss of appetite and other ailments and complaints continue and general weakness gradually increases. Under the circumstances this method of treatment tells upon the constitution of the people of this country, whose power of digestion is naturally

weak. Again, like the taking of the juice of unripe fruits, the use of laxative medicines in âmâvasthâ (आमावस्था) or that state of fever in which food is retained in an unassimilated form in the stomach, wholly wrecks the system. And it seems to me that it is for this reason that cases of indigestion and repeated fever are so widely seen in our country at the present day. Ayurveda cannot regard these methods as sound and as such never accept them.

Q.—6 I do not believe that there is any necessity of Western sciences such as Physics, Chemistry, Biology in the teaching of Ayurveda. Things which are dealt in Anatomy, Physiology and Surgery are made in concise and terse text. So it is necessary that these subjects should be taught with the help of all these Western sciences which particularly relate to them. There is no necessity of Bacteriology ; Ayurvedic Pathology is an all round science, and as such it needs no help from Western Pathology.

A. Ayurvedic study should be divided into three following courses :—

(i) Preliminary or Licentiate course—three years.
- (1) General study in Anatomy and Physiology (both Eastern and Western).
- (2) Materia Medica—(Eastern).
- (3) Pathology and Symptomology—(Eastern).
- (4) Practice of Medicine—(Oriental).
- (5) Surgery—Minor—Indian and Western).
- (6) Infant Treatment—(Oriental).
- (7) Rasavidya or Indian Chemistry.
- (8) Indian Pharmacology.

(ii) Intermediate or graduate course—five years.
- (1) Special knowledge in Anatomy and Surgery by the help of Eastern and Western method of dissection.
- (2) Materia Medica—(—Indian with practical lessons).
- (3) Pathology—(Indian).
- (4) Practice of Medicine—(with sound and practical knowledge in Panchakarma (पञ्चकर्म).
- (5) Surgery—(Major with Optics) (Indian and Western).
- (6) Treatment of infants, midwifery and gynæcology, etc.
- (7) Rasavidya (Indian Chemistry).
- (8) Pharmacology.
- (9) The science of pulse feeling.
- (10) Medical jurisprudence (Western).
- (11) Hygiene (Oriental with Western theory of the epidemic diseases).
- (12) Philosophy of Ayurvedic system.

(iii) Advanced and post-graduate teaching—two years, and Research—
- (*a*) Surgery.
  - (1) Application of instruments.
  - (2) Do. apparatus.
  - (3) Cauterization by alkali.
  - (4) Do. fire.
  - (5) Blood letting.
- (*b*) Treatise on the diseases of eye, nose, mouth, throat, etc.
- (*c*) Science of infant treatment and midwifery.
- (*d*) Practice of medicine.

Those who will successfully try their research work in the above four sciences of the advanced training will be eligible for the degree

(*b*) For the preliminary or licentiate course, a sound knowledge of the provincial vernacular and a general knowledge of Sanskrit grammar. For the intermediate or degree course the student must have a thorough knowledge of Sanskrit literature and a general knowledge of Sanskrit Philosophy. This course requires five years' study.

Successful candidates of the degree examination will alone be eligible for the post-graduate studies (and research).

(*c*) The medium of the licentiate course will be the provincial vernacular and that of the degree and post-graduate courses will be Sanskrit.

Q.—7. I have no knowledge of medical registration—Medical registration seems foreign to me.

Q.—8. Allopathic treatment which has been adopted as is followed by physicians nowadays it is almost an impossibility for a poor country like ours to undergo. Firstly for the proper diagnosis of diseases it is necessary to examine blood, urine and sputum at least with the help of the western chemical science and microscope. These scientific diagnosis is impossible in villages. And as it seems it cannot perfectly be demonstrated, almost in all the towns and cities save and except Calcutta. Poor village doctors on account of their poverty, and those who are in cities on account of their parsimonious habit do not manage to keep all these costly instruments and apparatus. Eminent physicians of Calcutta do not examine themselves. In order to be

treated by them it is necessary to get reports of urine, blood, etc., from at least three medical men by spending four or five rupees at different places costing altogether Rs. 15. After being furnished with these reports the first physician will take his fees and then prescribe Thus we see the scientific diagnosis costs at the very outset at least Rs. 20 by way of fee, and this seems the minimum charge. Doctors of established reputation take at least Rs. 100 if not more for prescription. Thank Heavens the village doctors have not yet been able to be ready with modern scientific instruments and so they diagnose their case by hypothetical suggestions like the Baidyas (Indian physicians). Such diagnosis is therefore not at all scientific. In this country fever forms the majority of cases but it cannot be ascertained without blood examination whether it is malaria, typhoid or kala azar. Many patients die in most cases as a result of mal-diagnosis where in Ayurveda there is no such trouble in this matter Under these circumstances a proper fee to an eminent physician suffices for the diagnosis. A comparison as to the cost of diagnosis has been made here both in Allopathy and Ayurveda. Fever is the most prevalent disease in this country. So let us now compare the cost of treatment of simple and malignant fever both from the standpoint of Allopathic and Ayurveda.

Simple fever duration seven days.

Allopathic.	RS.	A.	P.
First day, laxative, 3 doses.	0	6	0
Anti-fever medicine, 6 doses.	0	12	0
Second day anti-fever medicine, 4 doses	0	8	0
Third day to the fifth day quinine, 15 doses	1	14	0
Sixth and seventh day tonic, 6 doses	1	2	0
	4	10	0

Ayurvedic.	RS.	A.	P.
First day fasting—no medicine	...		
Second day to the fourth day digestive medicine, 9 doses.	0	9	0
Fifth and sixth day anti-fever medicine, 6 doses	0	6	0
Seventh day anti-fever medicine, 2 doses	0	2	0
......			
	1	1	0

Serious typhoid fevers—Duration 26 *days.*

Allopathic.	RS.	A.	P.
First day, laxative, 3 doses...	0	6	0
Anti-fever, 6 doses	0	12	0
Second day to the fourth day anti-fever and medicine for other complements, 24 doses, 8 doses being daily.	3	0	0
Fifth to the fourteenth day stimulant mixtures, 8 doses, daily average 80 doses ...	10	0	0
Other medicines	5	0	0
Oxygen gas and others ...	30	0	0
Injection	2	8	0
Ice, brandy and others ...	10	0	0
Various kinds of diets, food, meat and broth	10	0	0
Fifteenth to the 28th day medicine by 4 doses only.	10	0	0
Average ...	81	10	0

Ayurvedic.	RS.	A.	P.
First to the fifth day digestive medicine, 3 doses daily ...	0	15	0
Sixth to the fourteenth day anti-fever and stimulant medicine, 2 doses daily ...	4	8	0
Other medicines, 2 doses daily	2	4	0
Injection	2	0	0
Diet—			
Fried paddy	...		
Juice of masuri, etc. ...	0	8	0
Pachan or decoction, 8 or 10 doses	0	10	0
Fourteenth to 28th day stimulant medicines, 28 doses ...	3	8	0
Tonic Pachan	0	14	0
Average ...	15	3	0

In surgery eastern method of treatment is far less costly than the Allopathic one. In Allopathy many things such as 20 per cent carbolic soap, lotion, wool, gauze and such other things cost at least not less than Re. 1 in a day whereas in Ayurveda it would be done by easy available margosa water (निम्बकषाय). Sometimes specially prepared medicated ghee (घृत) worth only one or two rupees. It is almost impossible on the part of the poor to have Allopathic operation save and except in hospitals. But I have myself cured many poor men even of abdomen or liver abscess at a very nominal cost. Indeed medicine of Rs. 6 or Rs. 7 per week is not rare in Ayurvedic treatment, but that is not intended for ordinary patients and does not

require to be applied more than once even in serious cases. To those of high reputation it is a bit costly, but in Allopathy specially those who get their medicines from the dispensaries, firms of Bathgate or R. Scott Thomson or Smith Stanistreet have to pay at least four times the Ayurvedic cost. As regards diet, juice of *masuri dal*, milk, meat juice and other cheap easily available food are prescribed by Ayurveda. Whereas the expenses which we are to meet in Allopathy are four times the cost on account of pearl barley, Plasmon arrowroot, malted milk, milk food, essence of chicken and other foreign diets. So there should be no question as to the unsuitability of such treatments in poor countries as ours. Ayurveda in its place is in a position to say " I can cure disease without any cost ". Late renowned Gangadhar Kaviraj of Bengal (reverend teacher of mine and of Maha Mahopadhya Dwarakanath Sen and others) used to cure many complicated diseases only with the help of medicinal herbs which costs nothing in this country. Whereas an Allopathic is unable to cure the simplest possible disease without cost.

Q. 9. In the ancient days of Buddhism almost all the Rajas and Pandits of the country used to preach the doctrine of salvation from the standpoint of *Ahimsa* and as such they did not think it proper to investigate and study this science which necessitated killing of many animals and other cruel deeds. When the Brahmanical religion was re-established at that time also the Brahmans who are investigators of all sciences were silent for fear of impurity in the study of Ayurveda. Thus this science in majority fell into the hands of uneducated people and in this way many portions of it were lost for good. Hence people lost regard for Ayurveda, as surgery fell in the hands of the illiterate barbers, cataract operation in the hands of mal Baidyas and blood letting in the hands of the Gypsies. Then during the Mussalman period, the method of treatment under this system, which was primarily based on fasting, prevalent in this country of Sanyama or restraints as it was, did not receive any favour at the hands of the Emperor, Rajas and other richmen. In cases of fever they preferred Yunani treatment which prescribed khitchuri or hatchpotch instead of Ayurvedic fasting. In this way the original mode of research was gone as the talented person gave up study of Ayurveda for lessening of their income and honour. So far we are aware we do not find any original research work after the 14th century A.D.

Then during the English period Ayurveda suffered to a great extent on account of the people taking recourse to the mode of treatment followed by the ruling class.

As such it did not receive any help from the Government nor favoured by the Government servants, Rajas, Maharajas and men of high rank and position. Under these circumstances many talented students necessarily have not joined this department as it does not make much honour and money. Even to-day we find all the intelligent boys of the family take up English studies.

Those students who show no signs of promise in school come up for Sanskrit. Consequently this science has undergone much decay and degradation for being mainly read by the students of low mental calibre. What in ancient days was marked as signs of ignorance is now resorted to by the eminent physicians. Rightly does Charak say " those prescriptions and medical combinations which are given above are intended for the less intelligent practitioners, i.e., they should treat as such as they have got no power of imagination and invention. The intelligent practitioners who are experienced in assumption, inference, arguments and reasoning, should look upon these prescriptions as mere guide-works and should further expand their imagination as such." To improve the present state of Ayurveda the following means should be adopted :—

(1) Arrangements for practical lessons on the science should be made with the help of hospitals and museums fit for the purpose.

(2) Scholarships for original research works should be fixed. Research scholars will work in some hospital or laboratory and will recover the unhandled subjects of Ayurveda.

(3) Research societies should be founded in different provinces and an attempt should thereby be made for the recovery of almost lost medicinal herbs and also of medical works.

(4) For the dissimilation of Ayurvedic studies, hospitals, museums and laboratories should be established in different provinces.

In this way if it is recognised by the Government and helped by rich and influential persons, many talented students of excellent calibre may again be had for the department. And much improvement may be expected from them. Now-a-days talented students very seldom come to this department.

Q. 10. For its improvement—

(*a*) The Government will sanction monetary help and recognize the system and also the medical certificates of the vaidyas and will establish research institutes and museums.

(*b*) Local board will help with money and establish Ayurvedic hospitals in different places.

(*c*) University will make necessary arrangements for education and examination of this department and will award research scholarships.

(*d*) Following this private enterprises will establish research societies and help the Government in all their works.

Bihar and Orissa.

(5)

BAIDYARATNA PUNDIT MAGUNI MISRA BRAHMA KAVIRAJ, PURI.

Q. 1. Ayurveda.

Q. 2. (*a*) Theory for the causation of the disease in the Ayurvedic system :—

That in a sound body there are Bata (वात), Pita (पित्त), Kafa (कफ) in equal proportion. Disproportion of any one, any two or all the three is the causation of the disease. But sometimes if one of them becomes disproportionate it makes disproportion of the other one or other two. The disproportion takes place in a body due to several grounds. Some of the grounds make disproportion of bata, some of pita and some of kafa.

Important of those grounds are the following :—

The following mainly make disproportion of bata :—Hard labour, eating unwholesome food, fasting, watching nights, preventing call of nature, excessive fear, extreme sorrow, rainy season, etc. The following make disproportion of kafa :—Eating sweets and fatty substance in large quantity, eating things which are not easily digestable, spring and winter season, etc.

The following make disproportion of pita :—drinking wine, curd, salty things, acid things, fasting and anger, etc.

(*b*) The diagnosis and treatment are made according to the methods and principle laid down in the important and ancient Ayurvedic books, viz., Charak, Susruta, Bagvatta, Madhabnidan, Bhabprakas and other important Ayurvedic books. But care is taken at the time of diagnosis and treatment as to the food, country, nature, *Bata*, *Pita*, *Kafa* proportion, age, medicine, digestive power, strength, season connected to the patient.

Excepting the diseases which are cured by surgical treatment all sorts of diseases are generally treated and show hopeful and good effects.

(*c*) In certain diseases Ayurvedic treatment is more efficacious as patients are found to get benefit who failed to get benefit in other system. Patients have been found to get more efficacy in the following diseases :—

(1) Bataroga (वातरोग).
(2) Typhoid type of remittant fever.
(3) Dysentery.
(4) Indigestion and dyspepsia.
(5) Cough.
(6) Spleen.
(7) Chronic diarrhœa.
(8) Anemia.
(9) Jaundice.
(10) Hiccup.
(11) Asthma.
(12) Insanity.
(13) Insomnia.
(14) Rheumatism.
(15) Colic.
(16) Odema, etc.

Q. 3. (*a*) I am Ayurvedic practitioner for over 35 years. I am also Professor of Ayurveda of Government Sanskrit College at Puri.

(*b*) I do not consider the existing institutions satisfactory. A general note is enclosed hereto which deals in detail how the defects may be remedied.

(*c*) Please consult the same note.

Q. 4. I consider that the ideal medical training of Ayurveda requires that students should be placed under the personal guidance of teachers of first-rate ability and of recognized standing in the subject; that the teachers and students should have access to well appointed hospitals, laboratories, libraries and museums ; that the teachers should have sufficient leisure to be able to pursue independent investigations in subjects.

I do not think there is any institution well equipped for giving sufficient training but there are institutions which can be of help if some additions are made to them.

Q. 5. I do not agree with the view of the Calcutta University Commission as contained in this paragraph.

Q. 6. There will be better improvement if the Ayurveda studies will include the elementary methods of science, viz., physics, chemistry, surgery and bacteriology, etc.

(*a*) There may be two standards in Ayurveda corresponding to L.M.P. and L.M.S. examinations in Allopathic system.

(*b*) The students' preliminary qualification may be up to second Sanskrit examination.

(*c*) The media of instruction may be in the vernacular of the place and Sanskrit.

Q. 7. For the present registration is impracticable but it may be easily enforced after some years if the ayurvedic education be given in the proposed method.

Q. 8. *The comparative cost of treatment* (*Allopathy and Ayurveda*).—Ayurveda is less costly in general. Medicine herbs are available everywhere and within easy reach of all. The patients who make both sorts of treatment (Ayurveda and Allopathy) generally say by their experience that Allopathy is more costly.

Q. 9. The Ayurvedic system decayed by the spread of western education. Many persons did not adopt this line as Ayurvedic system takes more time and labour. The Ayurvedic practitioners and masters did not get fitting remuneration. Even sons and successors of Ayurvedic family physicians left their family profession and took up to other professions and educations giving larger remuneration. The works of Ayurveda being written in Sanskrit they were not to the easy reach of all people as Sanskrit education decayed in the country. There are many Ayurvedic books in palm-leaf which for want of adequate patronage are not published and consequently cannot come to the easy reach of people.

This can only be revived if the Government will grant adequate help to remove the defects standing on the way. Government may spend money to start schools and colleges for Ayurvedic education and dispensaries and hospitals and publishing old books. The methods are not far to seek. The Allopathy and Ayurveda are of the same class of science. So it is necessary that methods adopted for the success of Ayurveda must be the same as are in case of Allopathy.

Q. 10. It is unnecessary to describe here anything more than given in answer to paragraph 9. It is sufficient to state that Ayurvedic system can be fostered and promoted by the State, etc., if it is patronised in equal way as is done in case of Allopathy by the State, etc. The Allopathy and Ayurveda are of the same sort of practical science and so for the improvement of Ayurveda the methods adopted for the improvement of Allopathy are sufficient.

Note on the Ayurvedic School of Medicine, Sanskrit College, Puri.

1. The professor of the Ayurvedic school has asked me to express my views on the teaching of the science and to draw up a list of appliances which I consider necessary to give effect to the same. It is with great pleasure that I do so. Like every other Hindu I feel greatly interested in the success of the new experiment which the Government has so kindly undertaken.

2. *Object*.—There is a crying need of Ayurvedic training all over India, especially in Orissa where qualified Kabirajas (Ayurvedic physicians) are scarce. The object of the school is therefore to turn out men trained in the Ayurvedic practice of medicine which by virtue of its indigenous origin is sure to reach the masses more easily and more cheaply than through the European druggists' halls. The Ayurvedic school therefore possesses potentialities of far-reaching character. Hitherto Kabirajas have been receiving training in private tols whose limitations have materially hampered the progress of the Ayurvedic system. There cannot be and need not be any dispute regarding the usefulness of any system of medicine. All systems are Sisters of Mercy devoted, each in her own way, to the alleviation of the miseries of suffering humanity. The fact that the Government has undertaken to impart instruction in Ayurveda and to train up men both in its theory and also in its practice is, I consider, a great step in the much-desired direction.

3. *Courses of study*.—The courses of study prescribed by the Sanskrit Association will, I am told, occupy seven years. It would have been well had the courses been defined in the form of syllabus instead of set books. For if the subjects of study were enumerated, they would have left ample scope to the professors in their work and thereby enabled them to shorten this long period of study. The most important gain would have been in the way of discouragement of mere book-learning, the ever present temptation to pass an examination by memory work. It is, however, a great surprise to me that there is no mention whatever of practical training, and no arrangements have, I understand, been made or proposed for this most valuable part of the work of the Ayurvedic school. If Ayurveda is to be taught as it should be, it must be taught like every other branch of science. Excluding surgery, the knowledge of which is at present extinct the subjects which Ayurveda deals with may be classified as follows :—

I. Anatomy and Physiology.
II. Pathology and Hygiene.
III. Pharmacology (including Pharmacy, Materia Medica and Therapeutics).
IV. Medicine.

Of these Anatomy and Physiology occupy a small part and may well be finished in the first year. Pathology will occupy the second year and the third and the fourth subjects including Obstetrics, three or four years according to the proficiency aimed at. If instead of teaching each of the prescribed books one by one, a plan like the above be followed, the courses of study together with practical training may be completed in five years, if not in four.

4. *Students*.—For efficient teaching it is absolutely necessary to select such students as possess a competent knowledge of Sanskrit. The school will train up men to practise a profession, more or less lucrative, and will therefore attract students who are not fit for it. The life and death of a vast population among which they will practise their healing art cannot be left to those who, to use a strong word, are at best mere charlatans. The students desiring admission should possess not only a competent knowledge of Sanskrit but an amount of intelligence, a habit of observation and faculty of entering into details. For a minimum qualification in Sanskrit the candidates should have passed the Sanskrit Middle Examination ; but the Sanskrit qualification however great, should not be the only test for admission. Daily experience tells me that there are students who are by nature unfit for scientific study. The school must be at the beginning content

with materials which are available, but cannot aspire after the performance of an impossible feat. Given right materials and right provisions for teaching, success is ensured. Having regard to this point I would keep the doors of the school open to all comers, whether they are residents of this Province or not, the Government stipends being *reserved for the students for their encouragement.*

5. *Staff.*—Considering the length of the entire course and the fact that new admission will take place every year it is obvious that the teaching staff should consist of at least five persons, if not six. There is as yet for the first year no necessity for more than one professor ; but when the second year commences and new admission takes place in the first year there will arise the necessity for appointing a second professor. Thus in the course of the next five years at least five professors will have to be appointed to take charge of the five or six or seven classes of the school. If the number of new admissions be limited to a dozen, the number of students on the rolls of the school will come up to seventy-two, in six years a number too large to be accommodated in the present college building. It will be then time to consider the advisability of removing the Ayurvedic department from the Sanskrit College and to give it a separate independent existence. I have not the least doubt in my mind that if the department be rightly conducted with every facility for efficient teaching, the school will develop into a large and noble institution of which Orissa may well be proud. In this connexion I should like to add that an extra teacher —a part-time qualified assistant surgeon—should also be appointed to give practical lessons on Anatomy and Western Physiology. It is of course essential that this teacher should know the terminology and nomenclature of Ayurveda. He will be in a position to demonstrate the broad facts of human Anatomy and Physiology with the help of lower animals, occasionally perhaps dissecting dead human bodies to demonstrate Pathology and also to teach vegetable morphology. I believe, the Hindu professors of Ayurveda will be glad to have a teacher trained in the Western Science of Physiology as their colleague ; for the goal of the Ayurvedic school should after all be advancement of the science, and every aid, whether Indian or European, should always be welcome in furtherance of the object.

6. *School hours.*—The school hours should be from half past seven to ten in the morning and three to half past five in the afternoon. There is no reason why the Indian system of holding classes twice in the day should be abandoned, especially in a Sanskrit institution and with peoples who are residents of the town. The early hours of the morning should be allowed to the peoples and professors for bath and worship and the midday hours for taking food and rest before they begin the afternoon lessons. The present system of holding classes during midday from 10 a.m. to 4 p.m. has nothing in its favour except the convenience of these students who happen to reside at a distance.

7. *Equipments*—(1) *Laboratory.*—The demands of every branch of science are various, and those of medicine whether Indian or European are not less. No science can be learnt without adequate practical work. As I hinted above, the teaching of Ayurveda should be modernised as far as possible without detriment to the principles of the science. It is a well known fact that those Kavirajas who have combined the knowledge imparted in the medical schools and colleges with that acquired under a competent Kaviraja have been very successful physicians. The modern method of teaching followed in colleges enables the students to acquire more knowledge, albeit less deep, in a short time than it is or was possible in tols. The old hostel of zilla school may well be utilised as the Ayurvedic laboratory. It consists of three large rooms with thatched outhouses, etc. One of the rooms is to be used for the museum and apparatus, the second as a store room and the third as the student's laboratory. At present the number of students being small, lectures may as well be delivered in one of the rooms. The sheds are to be used for the preparation of drugs, such as calcining of metals, cooking of medicinal oil, etc. I have not a very distinct recollection of the rooms but I think they are somewhat dark. This defect, however, can easily be remedied by opening some clear-story windows. A laboratory bearer on Rs. 7 to 10 should be appointed. The pay of the man must be such as will induce him to stick to the post because the usefulness of a laboratory bearer increases with the length of his service.

(2) *Dispensary.*—Practical knowledge of therapeutics can be obtained only by treating patients. A dispensary is therefore a sine qua non. In Ayurvedic tols a dispensary forms necessarily a prominent part. So also in medical schools and colleges where not only dispensaries but also hospitals are maintained. The Professor of Ayurvedic Medicine should therefore be required to treat gratis patients (say between half past seven and half past eight) who come to the school dispensary, the students taking notes of the diseases and the medicines prescribed. The necessary medicines, unless very expensive, should also be given gratis. Fortunately most of the Ayurvedic medicines are cheap. Besides, the students will have prepared the medicines to acquire the knowledge of pharmacy and the cost has therefore been already incurred. And what better use of these medicines could be than dispensing the same to the poor ? It is to be remembered that no Kaviraj charges any fee for prescribing medicines for the patients who come to them or ask any price for the same. The Ayurvedic dispensary will thus be a helpmate to the Government charitable dispensary of the town. With due co-operation the two will prove a boon to Puri—a seat of pilgrimage for thousands of our country men.

This duty of the Professor of Medicine raised the legitimate question of his salary. It is obvious that if he is to treat the patients gratis for the sake of teaching his pupils he loses

considerable practice. It is further to be noted that he will be engaged in his school duties for at least four hours daily both morning and evening. It is thus fair that he should be paid an adequate allowance. It is well known that a competent Kaviraj of established reputation like the professor who has been appointed earns a great deal more than the salary which has been offered to him. The same consideration should also be shown to those professors who may be appointed afterwards. It is of course understood that the professors will be allowed to practice outside the school hours.

(3) *A garden of medicinal plants* is, I consider, also necessary. It is true many of the plants used in the Ayurvedic medicine are common enough and can be easily procured. But the fact that they do not grow at one place and that many are not found at Puri, is to be noted. It is therefore necessary that the students should possess ample facility for getting acquainted with the habits of the plants which they use as drugs. This can only be secured by a garden of well-stocked medicinal plants. At the lowest estimate about two hundred species of plants, many of which are large trees, have to be grown and taken care of. I would suggest that at least ten acres of land be acquired by Government, preferably close to the school, if the soil and situation be favourable. I would grow not only the plants which are not found at Puri but also those which grow almost everywhere along road sides and hedges in order that the students may have a comprehensive view of the vegetable kingdom in its relation to the healing art. To economise space it will not be possible to arrange the plants consisting of herbs, shrubs and trees according to their medicinal properties; but an attempt should be made in laying out the garden as far as possible. Somewhere in the garden there should be small pond for the growth of acquatic medicinal plants. Besides the initial cost of acquiring land, levelling, improving soil, fencing and laying out the garden generally, a recurring expense for the upkeep of the garden will necessarily have to be borne. I think four malis of Rs. 7 a month each will be able to take care of the plants, the Professor of Materia Medica being the Superintendent.

8. *Cost.*—I am not sure whether Government calculated the cost of the Ayurvedic School while opening it, and contemplated its development along the lines I have briefly indicated above. But surely nothing will be gained by dwarfing its natural growth when so much expectation has been raised in the public mind. The scheme I have sketched will not, I hope, be considered too ambitious even for Orissa—

Non-recurring charges.

	RS.
(1) Garden—	
Land acquisition for garden, 10 acres	2,500
Fencing and laying-out, etc. ...	1,000
Cost of plants (most can be procured in Orissa, others from the Sibpur Botanical Garden)	150
Total ...	3,600

	RS.
(2) Laboratory and Dispensary—	
Clear-story windows	300
Furniture and appliances ...	2,054
(3) Library	500
Total ...	2,854
	6,500

Recurring charges (annually).

	RS.
Teaching staff of five Professors of Rs. 100 a month on an average	6,000
One part-time Assistant Surgeon on an allowance of Rs. 50 a month	600
Two bearers—average Rs. 9 a month each	216
Four malis on Rs. 7 a month each	336
Contingencies for laboratory and dispensary	250
Do. for garden	100
Total ...	7,502

United Provinces.

(6)

Dr. PRASADI LAL JHA, L.M. & S., CAWNPORE.

THE PRINCIPLES OF DIAGNOSIS (OF AYURVEDA).

In Ayurveda, the questions of diagnosis and prognosis are intimately connected with each other. They, therefore, will be discussed together. The suitable lines of therapeutics are decided by them.

The two general and guiding principles of diagnosis for examination of the patient according to the Ayurvedic system are—

(1) The Ayu-Pariksha or the prognostic considerations, or the prognosis.
(2) The Vyadhi-Pariksha or the diagnosis, or the determination of the disease process.

Briefly the Ayu-Pariksha involves the investigation of the various factors about the patient, whether existing in his body or outside it, which influence the prognosis. The various factors which lead to the lowered state of resistance or natural vitality of the patient are to be discovered in the various organs of the patient and his environments.

Ayu-Pariksha is thus an approximate estimate of the state of natural resistance as it existed in the state of health of the individual and as it exists during the state of his illness.

The Vyadhi-Pariksha or the diagnosis of the disease, on the other hand deals with the various other factors which enable the physician to recognise the disease fully ; that is, these factors are investigated with the view of finding out the extent of the disease process and its nature exactly. The Vyadhi-Pariksha, in short, is an approximate measure or estimate of the extent or virulence of the Vikrit Doshas or the disease.

Thus, the examination of the patient according to these two principles makes it possible for the physician to form more or less approximate estimate of the life processes or activities or the state of natural resistance during disease and also to form an approximate estimate of the extent of the disease activity or process during life. In short, by the examination of the patient according to these principles, the physician is believed to understand the actual processes of life and those of disease as they occur in a patient during illness. The therapeutical actions of the physician and other minor principles of diagnosis are subordinate to the above two general principles. Such a physician cannot be accused of (according to Ayurveda) malpraxis, though, in some cases, even when everything else seems to be in favour of the patient, the disease suddenly gets worse without apparent cause and the patient dies. The Ayurvedic scientists attribute such sudden unfortunate terminations to Daiva or karmas of the past life.

Therefore, the examination of the patients on these principles is the first duty of the Ayurvedic physician before he applies or employs any therapeutical remedy or kriya.

There are only two scientific tests, or bases of diagnosis, which control the investigations of the above nature, viz., (1) Pratyaksha Praman or physical tests or examinations, (2) Anuman Praman and Yukti or methods of deduction or induction. The third, or the previous knowledge of the medical and allied sciences as handed down by Ayurvedic experts, is also essential in the case of its new adherents or disciples. No non-medical man or a first year student can be regarded as competent enough to go about diagnosing the cases in a scientific manner unless he has attended the clinical lectures.

The two principles mentioned above require a brief comment separately.

The Ayu-Pariksha.—Before commencing the discussion of the Ayu-Pariksha or the principle of prognosis according to Ayurveda, the reader is to bear in mind the principal factors which influence the average age limit of hundred years of human beings. They are the following :—

(1) The Prakriti-Gun or the inherited state of physical and mental constitution or resistance.

(2) The Atma-Sampat or the reserve of the past karmas of the Atma.

(3) The Satyma-Sayyan or briefly the synergestic or favourable conditions of Indrya-arth, karma and kal, i.e., diet, regimen and seasonal or atmospheric conditions.

The various factors which influence the prognosis are as follows :—

(*a*) Hereditary influence as shown by the Prakriti and many other conditions inherited from the parents, which lower the natural resistance and consequently the age limit of Ayu as well. Examples of such diseases besides the Prakriti are insanity, emaciation or atrophy, short life, hæmophilia, quarrelsome nature, thin and lean constitution, etc.

Prakriti.—In determining the Doshabal-Praman or the proportions of the inherited Doshas which influence the various Prakritis of men, it is to be remembered that it depends upon the Prakritis of Shukra and Shonit or the spermatozoon and ovum ; Kal (age of the patient and the season), the nature of the womb or Garbhashaya Prakriti, or the diet and regimen and other circumstances of the mother during fœtal life and the Prakriti of the Panch-Bhoutik Drabyas.

Naturally some persons are either Vatal, Pittal, or Slaishmal, i e., individuals with larger or excessive proportions of one of the three doshas in their constitution. The Sam-Dhatu Prakriti individuals and Sunsrishta are also met with, i.e., individuals of normal and ideal Prakriti or mixed Prakritis are also met with, but the ideal is as a rule rare.

The excessive proportions of the doshas in the former three kinds influence the natural resistance of the patient and make them more liable to those diseases by slight variations in Ahar, Vihar and Kal antagonistic to the patient's Satmyk conditions of the same.

The Sam Dhatu Prakriti individuals practically remain safe or immune to Doshaj diseases. The characteristic features of the individuals of the Vatal, Pittal and Slaishmal type enable the physician to recognize them. By nature, these men are unsafe from diseases similar to their

inherited Prakritis under circumstances of unfavourable kind when these Doshas increase naturally within the living beings generally in the various seasons of the year, and at certain periods of life.

Usually the Slaishmal individuals are naturally strong and long lived ; Pittal is naturally of average strength and of average age ; the individual of the Vatal type of Prakriti is weak or of lowered state of resistance naturally and is alpayu or short-lived.

(*b*) The circumstances noted above are examples of natural conditions of the individuals, which influence the Ayu or the natural vitality or resistance. There are other factors which are observed to influence the same in the Vikrita state of the Doshas or diseased conditions ; these add to the strength of the Vikrita Doshas or render them more virulent. Such as Hetu, Dooshya, Dosha, Desha, Kal, Linga, etc., of the Vikara. Some of these will be briefly dealt under Vyadhi-Pariksha. It will suffice here to remark that the Vyadhi or Vikriti in a patient is Balvan, Madhya-bal, or Alp-bal according as the factors noted above are either Samya (synergestic or similar to) or Viparita (antagonistic) or Samanya or neutral, that is, neither favourable nor unfavourable to the patient's Prakriti and disease in any way.

(*c*) The examination of the Sar of the patients. The Sar represents the Bal or natural resistance producing substances varying in different individuals and is another important factor which influences the Ayur-bal and also the physical, mental and social features and other characteristics of individuals of various types. *According to Ayurveda these Saras or essences or natural vitalising substances* are described to be produced within the skin, blood, muscles, fat, bone-marrow, Shukra and Satwa (cf. the organo therapy).

They are thus eight different kinds of internal secretions collectively known as Oja identified with bal or vitality or natural resistance. The various proportions of the above Saras give rise to eight types of individuals amongst the human beings differing from one another in physical and mental and social characters of features. (cf. the Anthropological features of various types men and races—See any book in Anthropology and compare it with the permanent, scientific nature of Ayurvedic Anthropology).

The presence of these natural vitalising or immunising substances or saras of the body influence the natural resisting power or vitality or bal of the patients. According as the saras of the various kinds exist in normal, excessive or deficient states (in different individuals of different stature, etc.), the individuals are said to be Madhya-bal, Ati-bal or Alp-bal, respectively, and also Dirgha-ayu, Madhya-ayu and Alp-ayu (cf. The internal secretions and the unsettled humoral theory of natural immunity of the modern scientists. Ref. latest Pathology, e.g., Green's).

The scientific use of these sar in diagnosis is the peculiarity of Ayurveda and is not met with in the other systems. The knowledge of the sar is not met with or understood in the other systems at all. Ayurvada leads others in this respect.

(*d*) The Samhanun or the physical structure of the various individuals. Naturally well-built, thin or lean fellows or individuals of ordinary average physical structure are respectively Ati-bal, Alp-bal and Madhya-bal. They are similarly Dirgh-ayu, Alp-ayu and Madhya-ayu.

(*e*) The Sharir-praman or the stature of different individuals represents different degrees of strength of resistance (cf. the uncertain methods of measurements, etc., of the modern jurisprudence and note the permanent value of Ayurvedic science).

(*f*) The Satmya or favourable circumstances or different individuals influence their bal or resistance and ayu differently ; that is people in good circumstances and leading temperate lives are usually long-lived.

(*g*) Satwa-bal or Mun differ in different men who are of either Pravar-satwa, Madhyam-satwa or Avar-satwa.

(*h*) Vyayam-shakti or power to do physical work.

(*i*) Ahar-shakti or the power to digest food.

In (*h*) and (*i*) the men are also of three different types as regards natural resistance.

(*j*) Vayah or age of the patient as young, adult and old who are respectively slaishma-dhatu praya, pitta-dhatu praya and vata-dhatu praya. That is they are respectively less fitted by nature to resist diseases of the kaph, pitta and vata doshas respectively.

(*k*) Kal stands for either different periods of time such as day and night or six seasons of the year, and so on. This is called sambat saratmak kal.

Kal also stands for the different stages of the rog or a disease and age of the patient.

The object of these periods of kal are for the use of therapeutical methods or remedies according to proper indications, and hence the six periods in the case of the rog avastha are called kriya kals.

Note.—The knowledge of this timely warning of the great complications likely to happen in the vikrita state of the doshas at the different periods of the year or seasons of the year, and at different ages of the patients and stages of the disease, is known as pratipattigyan. The remedy employed as suggested by the knowledge of the grave complication before its occurrence is called anushthangyan. For an example see the occurrence of Vaman-vyapad complication by the use of the Vaman-Karma at improper periods of kal. This is an important basis of the rationality of the Ayurvedic pariksha.

(l) For the approximate estimation of the probable duration of life, the Ayurveda describes certain signs indicative of ill-omens or death of the patients at probable periods after the appearance of those signs. This part of progonosis of Ayurveda still leads others. It is in no way identical to the prognostic factors of other medical systems. The signs described in connexion with the body of the patient and known as purush-ashrita are important. The second class of signs observed by the physicians in the patient's environments and other circumstances are called purush-anashrita ; these are not so reliable as the first group. But these latter also influence the duration of life of the patient indirectly by lowering the natural resistance of the individuals.

The knowledge or observation and interpretation of these is useful to the physicians for adopting prophylactic and preventive steps in time. These grave signs or ill-omens foreshadow the unfavourable termination. Most of these factors have already been referred to above.

For these reasons, the first duty of the responsible physicians is to examine the patient for ayu or probable duration of life and then for vyadhi or the diagnosis of the disease.

All these factors, as gathered by the physician himself either by physical examination or observed outside the patient and used for the estimation of the probable duration of life, are valuable according to the methods used in their investigation (e.g., apta or authorities, pratyaksha or results of physical examinations and other demonstrable tests, and lastly the anuman or deductive and inductive tests). That is, the diagnosis is to be based upon the correct scientific observation and the scientific and rational interpretation of those factors.

The value of these signs thus depends upon the apta itself (knowledge as received from the gurus and authorities), pratyaksha praman or visible and physical proofs (as observed by the physician in the patient's body) and anuman praman or conclusions drawn or inferred from answers to the leading questions put to the patient or interrogation of the patient.

Amongst such factors, the following are to be examined by all those physicians anxious to know the probable duration of their patient's life in state of health or disease.

Most of these will be found to be of great value, if made use of by the insurance doctors—

(a) Varna, swar, gundha, sparsh, rusa.

These refer to the functions or perceptions of the sense organs of the patient.

(b) Chakshu, shrotram, ghranam, rusanam, sparshanum.

These next five factors refer to the significant alterations in the physical features or functions of the sense organs of the patient and observed by the physician.

(c) Satwam, bhakti shoucham, shilam, achar, smriti.

These refer to the healthy or unhealthy functional state and attitude of the patient, e.g., state of the manas, devotional tendency, state of cleanliness or filthiness, temper, habits and customs and memory of the patient.

(d) Akriti, bal, glani, tandra, gauravam, laghavam, ahar, vihar, aharparinam, upaya apaya, vyadhi, vyadhipurvaroop, vedana, upadrava.

Of the preceding group of signs, some are in connexion with the state of the disease or vyadhi itself ; some other factors refer to the patient's diet and general condition (e.g., state of sleepiness, etc.) ; some of them pertain to the natural resistance of the patient and the light or serious character of the disease and to the results of treatment, etc.

(e) Chaya, practichaya, swapna-darshan, dootadhikar, aturkul-bhava-vasthantarani, bhayshaj, sambritti, etc.

This contains many signs and features to be examined outside the patient.

All the above factors are to be examined by the physician through interrogation and physical examination of the patient. For full reference see Indriyasthan of Charak.

The above factors belong to the two following groups :—

(1) Pursha-ashrita factors or those existing in the patient's body.

(2) Pursha-anashrita factors or those that exist outside the patient or in his environments or other conditions.

Of the former group there are two varieties—

(a) Those that influence the life duration or ayu by altering the prakriti or lowering the natural resistance and thus predisposing the patient to certain diseases to which he is more liable by his own nature. These factors are known also as swasthyarishta. Most of these have already been considered before, such as sar, vayah.

(b) Those factors which exist as signs of pathological conditions. These factors are also known as vyadhiarishta. They also influence the duration of life.

The factors of the natural type are recognizable in the following which also influence the patient's life by influencing the prakritik :—

(1) Patient's jati, caste or profession.

(2) Patient's kul, or family circumstances, ages of the parents and sisters and brothers it alive. The duration of their lives if dead and causes of their deaths and so on.

(3) Desha. In regard to the desha or country or nationality of the patient, various other considerations follow—

(i) Birth place of the patient.
(ii) The place, country, where he was brought up.
(iii) The nature of ahar-vihar, or diet, regimen, customs, etc.
(iv) Patient's residence and country.
(v) Bal, or natural resistance of his contrymen.
(vi) Similarly, states of satwa, satyma, sar, dosha, bhakti, vyadhi, hita and ahita of his countrymen, most of those have been already considered ; hita and ahita will be referred to in therapeutics ; vyadhi will be considered in the examination of the vyadhi or disease.

(4) Kal, already referred, and will be referred to again.
(5) Vayah or age of the patient.
(6) Pratyatmik or individual characters or signs predisposing a man to diseases of particular kinds ending in death.

All these factors are also described under the following groups :—

(*a*) Jati prasakta or arising from caste or profession.
(*b*) Kul prasakta or characteristics of the family.
(*c*) Deshanu patini or national factors.
(*d*) Kalanu patini or influences of either the seasons or atmospheric and thermal conditions, or of the various stages of the vyadhi or disease.
(*e*) Vayonupatini or the influences of unfavourable type owing to the differences in ages of the patients.
(*f*) Pratyatma niyata or factor of individual characters varying in different patients. Some persons remain quite immune even during severe epidemics.

All the above factors can be illustrated both from the Ayurvedic works as well as the modern systems of medicine (e.g., Osler's or Taylor's medicine). These facts are commonly gathered and noted down by the modern medical students when the patients are admitted into the hospitals. They are included under interrogation of the patients and known as history of the patients' family, caste, profession and history of the present illness, environments and complaints, etc., and therefore require no further explanation. The conclusions drawn depend upon the inductive and deductive methods.

The factors of the second variety of the above or vikriti or pathological signs and symptoms of a grave character are of the following types :—

(*a*) Lakshun-nimitta or the signs of ill-omen occurring together simultaneously are indicative of the unfavourable termination of the disease. For example, sannipat apasmar is incurable and ends in a particular disease.

(*b*) Lakshya-nimitta or the well-known complications of the grave character indicative of deaths have been described in the diagnosis or nidan of diseases.

(*c*) Nimittanu-rupa or nimittarthanukarini or the complications of a grave nature arising in the course of diseases and also producing the effects similar to the cause or nimitta of the disease. And in this way this class of complication adds to the gravity of the incurable vyadhi.

Conclusion.—The duration of life or ayu is influenced by the prakriti-bal or the natural resistance and the dosh-bal. It has also been shown how both are influenced in different individuals of different ages, races, etc. The ayu or duration of life thus depends upon the termination of the vyadhi favourably. If the complications and diseases that follow a cause also act as causes of other new complications of a worse nature, the end of the vyadhi or disease process is death. The signs of such termination in most of the diseases have been observed and are always looked for, by the Ayurvedic physicians in the state of health and diseases or vikrit state of the doshas, dhatus, etc. So long as the prakriti-bal is more than the dosh-bal, the patient lives, and the vyadhi is laghu. The vyadhi is Guru where the prakriti and satva-bal is less than the dosh and the signs indicating this state are known as signs of a grave nature.

The knowledge of these prakrityadi-bal called pravar, madhyam and avar (cf. the high normal and low opsonic indices for an individual in reference to an infectious disease), and the knowledge of the dosh-bal or the virulence of the disease or extent of the disease process, were regarded as absolutely necessary for the therapeutical purposes. This is an important proof of the rational and scientific character of the principles of the Ayurvedic diagnosis and is quite unlike the shot-gun prescriptions (depending upon incomplete diagnosis) of the modern dispensaries.

Now ojas of the body is the index of prakriti-bal (cf. the complement or alexine of Erhlich's theory of immunity), a substance which is the basis of the humoral theory of immunity and whose chemical character is not at all known or understood. The modern scientists recognize its presence by its activity. Ref. Green's Pathology (1920 edition, Theory of Immunity). The ojas is regarded to be param tej of all the dhaturs or tissues from rusa to the shukra. Its special storing place is the heart. (Note—This can explain the continuance of the beating of the heart of the cold-blooded animals even after its separation from the body, the cause of which is not at all understood by the modern scientists). The ojas keeps up the life process or is the cause of all mental and physical activities. Its kshaya or deficiency leads to a group of symptoms described under oja-kshaya (cf. the so-called incomprehensible and vague disease 'Neurasthenia' of the modern medical men).

The amount and activity of the ojas varies with the quantities of the eight kinds of sar or the essences (cf. the internal secretions) of the various dhatus already referred. In the dirgh-ayu, the madhya-ayu and alp-ayu individuals, the quantity of the ojas also exists or varies proportionately.

For general signs and features of Alp-bal, Madhya-bal and the Balban individuals or types of men, the reader is requested to refer to references to Ayu-pareeksha in Ayurveda (cf. the scientific and perfect methods of Ayurveda and the modern methods still in a state of infancy. Ayurveda is, thus, leading other systems in this respect also).

II. The Vyadhi Pariksha.

It has already been stated before that the object of the examination of the patient or the investigation of the disease is primarily done for the estimation of the disease or vyadhi-bal or the extent or virulence of the disease process, to enable the physician to adapt his remedy or drugs to the stage of the disease and the times.

The scientific nature of the methods used to investigate a disease are, in the case of scientific men (who possess the true or right knowledge as found in the lectures of the apta), two: (1) the pratyaksha or demonstrable and (2) the anuman or deductive and inductive.

The principles to examine a patient for purposes of diagnosis (vishesha jnan) is to discover or investigate the following about every rog or disease :—

(*a*) The kop or the prakop, same as doshakop or sannikrishta naidan, vat, pitta, or kapha kop.

(*b*) The yoni, same as viprakrishta nidan, asatmya-indriyarth, karma (pragnyaparadha) and kal (parinam).

(*c*) The atma, same as atma swarup or signs and symptoms indicative of vat, pitta, or kapha, rajas or thamas nature of the disease.

(*d*) The rog-utthan, or the onset of disease; it is included in samprapti, or the pathology of disease.

(*e*) The adhishthan; same as the site of the lesion (sharir or man, adhyaatmik, adhibhoutik and adhi-daivik).

(*f*) The vedana or complaint: vatik, paittik, or slaishmal vedana.

(*g*) The samsthan; it corresponds to the local lesion or sthansamshraya kal of the disease and all its signs and symptoms, or the rog margha—external, internal or middle.

(*h*) The shabda, sparsha, etc., or the state of the senses of the patient or the physical features of the sense organs.

(*i*) The upadravas, or complications arising in the course of the already present disease.

(*j*) The vridhi, sthan and kshaya or the three ways of routes of the propagation of the doshas from their natural or physiological places within the body to other parts or organs of the body remote from their original places. This corresponds to the rog-avastha or various kriyakals or the various stages of the kupit doshas; and also to the sam or sthan (state of the normal condition of the doshas). The adhik, madhyam, or hin states or the excessive, normal, or deficient states of the various doshas. This corresponds to the physiological and pathological condition of the various doshas, dhatus and malas in a particular disease or rog.

(*k*) The udarka or the termination or the future of a disease or rog.

(*l*) The yoga or the hin, mithya and atiyoga of the rog and the samvega of the nidan or hetu.

(*m*) The nam (or the name): the name of the disease or the nature of the disease primarily such as vataj, pittaj, kaphaj. (For the nomenclature of the diseases see Vyadhi). Over one thousand diseases having different names have been described in various Ayurvedic works. (For a list of these see Sharangadhar Samhita).

(*n*) The pratikara pravitti or pratikara nivritti or the indications and contra-indications of the case, or the upshaya or satmya and anupshaya or asatymya of a rog.

There are some other factors which also require to be mentioned as they refer to the vyadhi pariksha or the ayu-pariksha also, such as—

(*a*) Prakriti or swabhaba (atma).
(*b*) Vikriti or vyadhi or rog-nam.
(*c*) Hetu or kop or yoni or nidan.
(*d*) Dooshya-Dhatus or malas.
(*e*) Dosha—vat, pitta, or kapha, i.e., samprapti.
(*f*) Kal, ritu, vayah, or rog avastha.
(*g*) Bal—Prakriti-bal or dosha-bal.
(*h*) Ling or roop.
(*i*) Sar—Dhatoo-sar or satwa-sar.
(*j*) Agni.
(*k*) Deha.
(*l*) Satmya or upshaya.
(*m*) Anushadha.

Of these, (1) nidan or hetu, (2) poorvaroop, (3) roop or ling, (4) upashaya or satmya, (5) samprapti are called collectively panchalakhan of nidan.

The following is only a very brief analysis of the principles of the vyadhi pariksha or nidan. It will show to the reader their rational, scientific and comprehensive character. They are quite enough for the diagnosis of a case from the Ayurvedic practitioner's point of view. They are essentially different from the modern diagnosis. In Ayurveda the classifications of diseases are based on the principles of diagnosis. This is a peculiarity of Ayurveda. The various classifications of vyadhi, though requiring a consideration at the end of the diagnosis, are briefly noted down first to enable the reader to follow the principles of nomenclature of the most scientific character.

VYADHI.

(A) Synonyms of vyadhi: vikriti, vikar, rog, amaya, gad, atank, yakhma, jwar.

2. Vyadhi vikalp—
(*a*) Agneya or pittaj.
(*b*) Soumya or kaphaj.
(*c*) Vayabya or vataj.
(*d*) Rajas or tamas.

(3) Vyadhi bhed or its general groups—
(*a*) Adhyatmik, adhi-bhautik and adhidaivik.
(*b*) Sharirik or mansik.
(*c*) Nij or agantuk.
(*d*) According to the nature of the hetu, the vyadhi may be doshaj, karmaj and sankar or mixed.
(*e*) Drishtapacharaj or acquired. Poorvaparadhaj or due to karmas of the past lives.
(*f*) Amashaya-samuttha or pakwashaya-samuttha.
(*g*) According to the nature of hetu again the mother or ovum or from the father or spermatozoon.

(1) and (2) Janmabal pravritta: Douhridapacharakrita or pregnancy disorders of the foetus. Rasakrita or errors of diet of the mother giving rise to disease in the foetus.

(3) Dosh-bal pravritta: as vataj, pittaj and kaphaj, rajasic and tamasic, amashaya-samuttha and pakwashaya samutta, sharirik and mansik.

(4) Sanghatbal pravitta or traumatic.

(5) Swabhavabal pravitta—
(i) Kalkrita (or periodical or time-conditioned): trishna, kshuda, nidra, jara, mrityu, etc.
(ii) Akal-krita or untimely.

(6) Daivabal pravritta—
(i) Pishachadi krita.
(ii) Sansargaja (contagion or infection).
(iii) Vidyudashanikrita or electric shock, etc.
(iv) Akasmika or accidental.

(*i*) According to clinical appearance or roop—
(1) Mridu and darun, or
(2) Guru and laghu.

(*j*) According to its origin from the ashayas, vyadhi may be—
(i) Amashaya samuttha or originating in the stomach.
(ii) Pakwashaya samuttha or arising in the remaining part of the alimentary apparatus.

(*k*) Vyadhi kinds are numerous; but with reference to the discomfort it is only one.

(*l*) According to prabhava or effect or prognostic considerations, the vyadhi may be—
(i) Sadhya or curable.
(ii) Asadhya or incurable.
(*a*) Sadhya again may be sukhsadhya, easily curable, or
(*b*) Kashta sadhya or difficult of cure, or
(*c*) Asadhya, which may be anupakram asadhya or a hopeless case. Asadhya cases are also known as pratyakhayya.

(*m*) Vyadhi again may be—
(i) Aupasargika or complicated,
(ii) Prak-kaival or birth-marks,
(iii) Annya lakshan or those that may give rise to other diseases in future.

(*n*) From therapeutical considerations it may be—
(i) Snehadi kriya sadhya, or
(ii) Shastriayadi kriya sadhya (see methods of Ayurvedic therapeutics).

(*o*) Again it may be—
(i) Daivaiyapashraya, or
(ii) Yukti-vyapashraya: drabyabhoot bheshaj or adrabyabhoot-bhayshaj, i.e., with or without the use of drugs.

(*p*) Pathological classification of vyadhi: doshaj, pittaj, kaphaj, rusaj, ruktaj, mamsaj, medhaj, astthij, majjaj, shukraj, malashay rog named after the purish, mootra, etc.

(B) Hetu, or the cause of the disease—

(i) Synonyms of hetu are nidan, nimitta, ayatan, karta, karan, pratyaya, samutthan, nibandhun, mool.

(a) The sannikrishta nidan or the nearest cause, e.g., the kupitamalas or doshas or vikrit states of the vat, pitta and kapha.

(b) The vipra-krishta nidan or remote causes: ahit or asatmya saywan or irregular diet and life.

(ii) Hetu vikalp, or the varieties and nature of hetu are—

Asatmya (hin-mithya or atiyog less than, reverse of, or more than what is samyog or normal) of the following three groups of factors:—

(a) Artha.
(b) Karma or pragnyaparadha.
(c) Kal or parinam.

For the various factors that lead to the visham state of the doshas, the causation of diseases according to Ayurveda, the discussion of the three doshas should be referred to. Roughly speaking, this stage is concomitant or concurrent with the chayakal or first stage of the disease.

C. Poorva roop, the preliminary signs and symptoms of the disease:—

(i) Its synonym is pragroop.

(ii) Its two parts or stages are (a) samanya Poorvaroop or the signs and symptoms of a general character, not characteristic of the special nature of the doshas (cf. the first stage or early part of the incubation period of an infection); (b) Vishaish poorvaroop or the special signs and symptoms characteristic of the special doshas, e.g., the jrimbha or sighing, the naytradaha or burning of the eyes and the mandagni or loss of appetite in the beginning of a fever case, are, as a rule, characteristic of the coming vataj, pittaj and kaphaj fever respectively (cf. the latter part of the incubation period of the same infection). In Ayurveda, it is possible to recognize the disease even at this early stage.

This clinical stage is concurrent with the prakopkal and prasarkal or the second and the third kriyakals or pathological stages of the vyadhi.

Roop or the stage of the vyadhi when its signs and symptoms are distinct enough to be recognized without any difficulty (cf. the signs and symptoms of the modern scientists).

(D) Synonyms of roop are—ling, lakshan, akriti, chinha, sansthan, vyanjan.

All diseases can be recognized by means of the characteristic alterations in normal activities (and signs, special and general) or forms, and whether they are doshaj or agantuk and whether they are medical or surgical.

For lakshan or signs and symptoms of the vridhi and kshaya or vikrit state of the dhatus, the reader is requested to refer to any Ayurvedic work, e.g., Sushrut, for full discussion. A brief reference is only possible in this place to show how the diseases can be investigated on the Ayurvedic principles of lakshan. They are helpful in finding the prakop (the pathological process of vishum state of the dhatus).

It is granted here that the physician knows the lakshun or signs of their karma (activities) or functions in health also.

For normal functional activities of the three doshas—refer to the discussion of vata, pitta, kapha—

(1) Karma of the avikrit vat, pitta and kapha.
(2) Karma or functions of the avikrit dhatus.
(3) Karma or functions of avikrita mal.

For signs of the vikrit or vishum states of the doshas, dhatus, malas—

(1) For signs of vridhi or excess of the vridha doshas.
(2) Signs of the vridha dhatus.
(3) Signs of the vridha malas.

For signs of kshaya or deficiency of the dhatus—

(1) Kshaya of doshas.
(2) Kshaya of dhatus.
(3) Kshaya of malas.

Note.—Compare the signs of vat kshaya with those of shock of the modern medicine, not thoroughly understood, and hence mostly proving fatal.

As these doshas (vat, pit and kaph) exist naturally in all the dhatus and the pores, spaces, passages of the body from the smallest to the biggest, they lead to the prakopa (vishum state) of the various srota and the various organs of the body lying along these srotas. The signs of their prakop are distinctly recognizable by the change of their normal karmas or activities For these, the reader is referred to the various signs met with in prakupita or pathological states.

Thus the roop or lakshan is an important aid in the nidan or diagnosis of diseases.

By the help of the srotas, dhatus, etc., and organs, the rog marga is also discovered.

For the laghu and the guru vyadhi roop or clinical phonemena or ordinary or serious character in connexion with the krimi (bacteria) commonly found in the various parts of the

human body, the reader is referred to the texts to avoid lengthy discussion. Numerous microspic bacteria have been described (a part of Ayurvedic bacteriology of great interest to the modern bacteriologist).

E. Upshaya—the factors or conditions favourable to the patient's health, i.e., the factors antagonistic to the hetu or cause of the disease, to the vyadhi and to all other effects of the disease or viparitarthakari. In short, everything, whether drug, diet, activities (mental or physical), climate, seasons, etc., that is, satmya or congenial to the patient's health. This is also regarded as an important diagnostic feature in the recognition of the disease, because the factors of the upshaya or its opposite (unupshaya) type enable the physician to recognize the true nature or prakriti of the patient and that of the (i) satmyic or synergetic and (ii) viprit or antagonistic factors as well. In this way the vat, pitta or kaph, or the nature of the disease is recognized. The other signs or roop already referred to enable the physician to determine the single, mixed, or sannipat character of the hetu or doshas.

For the sake of illustration, a few examples of upshaya of the three prakritis are mentioned below. They will be easily understood by an analogy (used to the reasonable extent only) of comparing the doshas to the bacterial growths, and the body tissues to the culture media of the tubes in the incubator. The growth of the doshas like the germs takes place and continues only under favourable circumstances of environments, of temperature, etc., and the character of the culture media—

(*a*) The upshaya of vat—A few examples are madhur or sweet, lavan or salt, amla or sour, singdha drabyas (as ghee or butter), or fatty substances, nidra or sleep, and santarpan, etc.

(*b*) The upshaya of the pitta—A few examples of this are tikta or bitter, swadu or sweet, shita or cooling, fans, fountains, bhugriha, milk, etc.

(*c*) The upshaya of kaph. Its example are tikta, katu, kshar, kashaya-drabyas, vyayam, doomapan (smoking), fasting, walking, swimming exercises, etc.

F. Samprati is the pathological process of a disease from the time of its onset (asatmya-sayvam or agantuk causes) to the time of its full development or termination. Thus samprapti includes the well-known six stages of the rog (rog-avastha) or the six kriyakals. The samprapti involves the consideration of the whole of the disease, through all its stages from beginning to end. This consists evidently of the life-pathological changes and not the post-mortem (cf. the imperfect state of the greater part of the modern pathology in the cases of most of the physical conditions or diseases. The so-called functional disorders are examples of doubtful nomenclature and of pathological diseases of unknown structural changes—refer Green's Pathology, chapter I). The physician of Ayurveda is in possession of the most accurate and perfect knowledge of the whole of the disease in all its stages—chaya, prakop, prasar, sansthan and vyadhidarshan, etc., i.e., Ayurveda explains to him what disease really is and also guides the physician's rational therapeutical remedies or methods according to these stages of the disease or kriyakals. The periods or stages of the rational treatment alone are called kriyakals (see therapeutics of Ayurveda). The reader is requested to note that these stages refer to the prakupit or pathological stage of the three doshas (vat, pitta and kaph).

Note 1 —The scientific co-herence and the rational application of the pathological stages of disease to therapeutics of Ayurveda—this enviable state of perfection of Ayurvedic pathology has not, as yet, been attained or reached in any of the modern systems of medicine. This is another example of the rational, scientific and up-to-date state or character of Ayurveda.

The samprapti is regarded as the essential and the fifth important diagnostic feature and principle of Ayurvedic nidan, which is, therefore, not excelled by any other existing systems owing to the imperfect state of their pathologies; these latter are mostly the results of either the post-mortem changes or groundless imaginations.

Note 2.—The classification of the various stages of the diseases as well as their nomenclature in the Ayurvedic system are guided primarily by samprapti. This is another example of the enviable character of the Ayurvedic principle; though not yet fully realized, yet it is being unconsciously approved and adopted by the authorities of the modern school of Allopathy. (Refer any recent edition of Pathology and Medicine). In this principle the Ayurveda still leads others and will do so for an immense length of time in future; but the prestige of a comparatively short period only steps in here; and the pseudo-scientific arrogance prevents the adherents of the other useful (though imperfect and artificial) medical systems to learn from here. For an illustration of the pathological process of Ayurveda, see any disease in the Nidansthan of Charak.

(*a*) The synonyms of samprapti are jati, agati, nirvritti, prapti.

(*b*) The varieties of samprapti: they are all very important aids in nidan or recognition, more or less exactly, of the various important features of the disease.

(i) Sankhya samprapti or pathological grouping. As an example, fevers on this principle are eight in number. (Refer Nidan of Ayurveda.) Fevers may be of the following eight types—vatjwar, pittajwar, kaphjwar, vatapittajwar, vatkaphjwar, kaphpittajwar and sanaipat or vatapittakaphjwar and agantukjwar.

(ii) Vikalp samprapti or the pathological and reciprocal relationship of the three doshas. The determination of the fact, whether the changes taking place during disease, as known by special activities or signs, are due to the involvement of one or two or all the three

doshas. This is really the dosh kop or vishum states of the doshas. It refers to the adhik, madhyam and hin or the excessive, intermediate and deficient proportional relationship of the doshas.

(iii) Pradhanya samprapti or the recognition of the swatwantra and paratantra nature of the disease—primary or secondary.

(iv) Bal-samprapti or the nature and extent or virulence of the vyadhi or disease. The vyadhi according to this principle may be either (*a*) sabal or powerful and nirbal or weak. This depends evidently on the stage of the disease, the nature of the causes of prakop, the involvement of one or two or all the three doshas and the upadravas or the association of the complications of the disease also.

(v) Kal samprapti. The propagation of the disease from its onset to its termination in relation to time. Thus the probable time (day or season) of the origin or onset of the disease, and the probable duration of other signs and symptoms or stages of the disease or rog-avastha already referred to above.

The kal-samprapti or history (rog-avastha) of a kupit dosha or the pathological process occurring during the state of illness in natural sequence of order as regards the various stages of a kupit dosha is so important and interesting that it requires a brief review.

The whole rog-avastha is divided into the following six natural, well-recognized and distinct stages of the disease. They are easily distinguishable from each other by special diagnostic signs and features of abnormal activities or functions (physical or mental)—

(i) First stage of the disease or chayakal or the time of accumulation or slight increase of the dosha, either by natural seasonal variations or by asatmya sayvan. This cannot be recognized in its early part by the physician; but later on, the special signs of abnormal functional activities of the doshas can enable the physician to follow or trace a kupit dosha from beginning to end. This is the stage when the doshas of the body are undergoing a change from the sam or normal state to the vishum or pathological state—excess or deficiency. This stage is almost always overlooked both by the physician and the patient. This prepares the body soil or the tissues and renders them suitable for the production of the various diseases, whether the changes are due to the poisons produced in the amashya or in the pakwashay (i.e., to the ptomaines produced during digestion in the alimentary canal). The successful attack of the krimi or germs (for example)—whether naturally existing in the human bodies or external poisons or infections—is only possible, when the soil is fit to let them grow. This stage of the disease is not clearly understood by the modern scientists or medical men at all. For these reasons only, so many artificial means of prevention of the infectious diseases are daily searched for. The world is full of germs or bacteria. It is a mistake to prepare for the fight with all the numerous pathogenic bacteria known to them. This stage as discovered by the Ayurvedic Acharyas of the past still shows to the scientists of the other systems a better, cheap (to suit all purses), scientific, and general way of fighting or neutralising the effects of the pathogenic germs.

The principle of this natural and Ayurvedic prophylaxis is to prevent the growth of the doshas and bacteria upon or within our bodies by the use of suitable antagonistics or unupshaya or unfavourable conditions of the doshas or bacteria, i.e., by the use of the satmya or upshaya of the patient's prakriti; that is, the condition of the diet, climate, soil, or seasons suitable to the unusual or unnatural growth of the doshas and bacteria must be of the same prakriti as that of the patient in order that the abnormal growth may be possible; and the conditions that are dissimilar or viprit in natural doshas or malas (morbid in character) and the bacteria cannot become harmful or take root under unsuitable conditions.

The general principle or the law of Ayurveda that governs the principle of natural prophylaxis differing in different individuals is the same as will be discussed in therapeutics later on—

"वृद्धिः समानैः सर्वेषां विपरीतैस्तु विपर्ययः ।"

(ii) Second stage or kopkal. In this stage the excessive growth or increase of the doshas is more than normal and is in such quantity that the functional changes or activities can be recognized in this altered state.

The symptoms or signs produced are of special nature included in the group known as vishaish poorvaroop. This part of the pathological process resembles the latter part of the incubation period (in the case of infectious diseases in our bodies).

The modern scientists are unable to recognize the disease process at this early stage and do anything rationally for the good of the patient. But the Ayurvedic physician can treat the patient rationally and check the further progress of the disease even in this early stage.

Nature itself is constantly doing the same duty during the period of our health. This world is full of microscopic bacteria known not only to the moderns but to the apta or the Ayurvedic authorities also as will be clear from Charak's Vimansthan (chapter VII) or Atharva Veda.

(iii) Third stage or prasarkal. The stage of extension or spread of the outgrown doshas from their natural ashayas or storing places in such quantities that more distinct signs of the abnormal activities of the visham doshas and dhatus begin to make their appearance, that is the amashaya or pakwashaya samutha disease—process originating actually in the alimentar

canal extends to other parts of the body. Under such conditions, the human body is predisposed or liable to diseases of the same prakriti or nature which stimulate or excite the further growth of these doshas in their natural ashayas (to diseases of the amashaya, e.g., vishuchika or cholera, and typhoid, that of the pakwashya).

The Ayurveda alone throws light of a scientific nature on this stage of the disease-process not at all understood or known in the other systems as yet. And that is the reason why the cases of cholera, typhoid fever, dysentery, etc., so easily yield to Ayurvedic treatment. The percentage of cure in these cases is astonishing. (I had the occasion to see these results when I worked as President of the All-India Ayurvedic Saywa-samiti in the Kumbh melas). The adoption of the Ayurvedic principles of therapeutics in cases of typhoid fevers (regarded as most fatal amongst the Europeans in India) can prove the truth of this treatment in only one year or one season.

The clinical phenomena of this stage also are included in the group of signs described or included in the roop of the disease.

(iv) Fourth stage or the sthansanshrayakal, or the stage when the local lessons of the disease-process have started inside the body in different places. This is easy to understand. The local signs and general signs of a special kind enable the physician to recognize the site and the true nature of the disease. The clinical phenomena of this stage are included in the group of signs known as roop or ling of the vyadhi. Cholera is an example of the fourth stage of Ayurvedic pathology.

The Ayurveda excels all other systems in so far as it is able to detect, locate, and describe the actual life of pathological process so scientifically that it enables their adherents and practitioners to know what the particular disease is.

This is another and the most important test of the rationality, coherence and scientific nature of the Ayurvedic Nidan.

No therapeutics can be called natural, rational or scientific unless it is guided by both the natural or normal life activities (state of resistance or vitality—see Ayupariksha) and by the unnatural or abnormal or Vishum life activities known as Vikar or disease or by the Balābal of patient or disease.

Most of the not-at-all-understood diseases of vague nature and names, of the other artificial or speculated systems of medicine, can be recognized and rationally explained and treated on the principles of Ayurveda. A few examples of these are gout, rickets, rheumatism, deficiency diseases and the neurasthenic conditions—

(v) Fifth stage or fifth Kriyakal or Vyadhidarshankal—This is the stage when disease is fully developed and is distinct enough to be recognized by the special signs and symptoms produced by the disease process. Clinically, this stage is included in Roop.

(vi) Sixth stage or sixth Kriyakal or Bhaidakal, or the stage when complications like fever, diarrhœa, dysentery, etc., have appeared and continued for sometime (Dirghakalin or chronic)—These cases mostly belong to the class of diseases curable with difficulty or incurable altogether.

The other systems owing to their imperfect and artificial characters are yet unable to explain or understand the true and radical cure known in Ayurveda as Prakritisthapana (see therapeutics) or the natural state of health that existed before the Chayakal, or first stage of the disease. They therefore, after relief of the patients (—as is true of most cases, except malaria probably), regard the cases to be cured and let them go away, actually with the disease process in a latent state, which they cannot recognize; because there is actually no scientific means yet found by their founders or adherents which can enable them to recognize the true state of health called Prakriti or Swasthaavastha. This however is well known to the Ayurvedic physician by the knowledge of certain health activities and signs mentioned below :—

"समदोषः समाग्निश्च समधातुमलक्रियः ।
प्रसन्नात्मेन्द्रियमनाः स्वस्थ इत्यभिधीयते ॥"

And for this reason only, the number of chronic patients is increasing in the world and certainly in India every day. According to Ayurveda the true pathologist alone or one who understands the whole of the disease process as it occurs in all the stages described above, can be called a true physician. He alone can render true, scientific and rational aid to the patient suitable to the stage of the disease and the times or seasons.

No modern science can deny the truth of this statement.

Nomenclature of diseases—The various classifications of the vyadhi already noted before depend upon the various parts or organs of the body affected. Over a thousand and probably more diseases have been classified and named according to these principles. As the whole list cannot be given here, the marginal reference* will do.

* See Sharngadhara Samhita for about 1,000 names of diseases and also Sushrut, Uttara *tantra*.

A few more general principles of Ayurvedic diagnosis require to be mentioned. Some of these are common to both the Ayupariksha and Vyadhipariksha as have been already mentioned before. Only a brief reference will be made to these. They are helpful in determining the nature of the patient, his disease and environment, as will be clear from the references made

before : (1) Vaya, (2) Daihbal, (3) Satwabal, (4) Sarbal, (5) Prakriti or Swabhav, (6) Agni, (7) Koshtha, (8) Shabda, Sparsha, Roop, Rus, Gundha, etc., (9) Daish, (10) Ritu or Kal, (11) Satmya, (12) Vedana, (13) Dosha, (14) Prakop, (15) Yoni, (16) Atma, (17) Adhisthan, (18) Sansthan, (19) Vridhi, Sthan, Kshaya, (20) Udark, (21) Yoga, (22) Nam, (23) Aushadha or Pratikara Pravritti or Pratikara Nivritti.

(1) Vaya or age : as a rule in the young, the adult and the old, the kaph, the pitta, and the vat are naturally in excess. They are respectively according to their natural prakriti predisposed to the kaph, the pitta and the vat vyadhi or disease.

(2) Daihbal or constitution of the patient : as a rule the sthool, krisha and madhya are respectively strong and average strength and of weak constitution, according to the state of their constitution (stout, thin, lean or an average constitution).

(3) Satwabal or manbal or the state of the mind to endure suffering or pain : satwavan patients endure all suffering quietly ; the Rajoguni patients can be cheered up ; but the tamas-natured patients cannot be quieted down in any way.

(4) Sarbal ruktasar, mansar, etc., have been already noted above in Ayupariksha. The patients are either Balvan, Madhyabal and Alpabal according to the amounts of sar existing within their bodies and tissues.

(5) Prakriti ; refer Ayupariksha for the various types of men according to their prakritis, e.g., vatal, pittal, slaishmal, etc.

(6) Agni or digestive power : it is of four kinds—Samagni, when the vat, pitta, and kaph are all in normal states ; Visham agni or perverted appetite, tikshna or powerful digestion or sharp appetite, and mandagni or weak appetite or digestion are met with as a rule, in the abnormal state of the vat, pitta, and kaph respectively. The point impressed here is that the abnormal states of the agni predispose or precede the vataj, pittaj and kaphaj diseases. The agni is the functional activity of the pitta.

(7) Kostha or the abdomen : the vatal, pittal and slaishmal koshtha are respectively kroor, mridu, and madhya—highly constipated state of bowels, normal state of bowels or loose state of the bowels.

(8) Shabda, sparsha, roop, etc., refer to the signs of ill-omen or the Vikrit state of the functions of the sense organs, and a change in the physical features of the ear, nose, eyes, etc., as determined by physical examination of the physician.

(9) Daish or country and body of the patient : the three kinds of countries known as (1) Anupdaish or the country in which kaph and vat diseases are naturally more common ; (2) jangal-daish or the country in which vat, pitta diseases are naturally more common ; and (3) the Sadharandaish or the country where the vat, pitta and kaph malas are usually in the normal conditions or the country is Sammalyukta country. The body of the patient is known as Aturdaish or Daiha-bhumi including its various parts or regions such as the head and neck, the extremities, the abdomen and thorax, etc. ; Daish-bhumi or the structure of the earth of various countries act differently on the vat, pitta and kaph of the patients by variations arising in the structure or composition of the vegetable, mineral products, etc., of those lands. Refer to Drabyas in discussion of vat, pitta and kaph.

(10) Kal or Ritu or the seasons, the age of the patients, the stages of the diseases or Rogavashtha ; refer to Ayupariksha ; the different stages of digestion and the different parts of the day and night ; the state of vat, pitta, and kaph both with regard to their quantities and functional activities, are naturally in excessive state in the latter part, the middle part and the first or early part of the Ayu or life, the day, the night (reverse occurs at night) and the digestive period. Similarly the vat, pitta and kaph are naturally increased in the Basantkal, Grishmakal and varshakal (winter, summer and rains) respectively. Refer to the discussion of vat, pitta and kaph for elaborate description.

(11) Satmya or anything that is wholesome to the patient's prakriti. Satmya means the same as Upshaya or prakriti-bhayshaj. It includes all hygienic or natural remedies and diet, such as Deish-satmya, Kal-satmya, Jati-satmya, Ritu-satmya, Vyayam-satmya, Rog-satmya, Udak-satmya, Diva-swapna, Rus-satmya, etc., i.e., suitable or wholesome nature of the country, seasons, profession, exercise, water, rest, or sleep during the day, diet, etc., that are favourable to the patient.

(12) Vedana or the complaint, etc., as pain, tympanites, burning, etc.; these complaints, for example, in the case of various kinds of disease may be vatik, paittik and shaishmik according to the nature of the vyadhi.

(13) Dosha or the vat, pitta and kaph whose visham or vikrit state alone is the cause of all diseases. Refer to the discussion of the Vat, Pitta and Kaph Siddhant.

(14) Prakop or the causes that lead to the Prakupit or abnormal state of the vat, pitta and kaph. Refer to the discussion of vat, pitta and kaph.

(15) Yoni, or the nature of the patient and the disease. Dhatu-vishamta is an example of the Yoni diseases. Shudhasatwa, rajas and tamas, satwas are examples of the four kinds of Yoni. The knowledge of these is quite necessary in the treatment of the patients—the various Yonis (e.g. Brahmya, Matsya, Gandharva, etc., or Satvic, Tamasic, etc.).

(16) Dooshya or the various tissues or Dhatoos such as Rus, Rukta, Mans, Meda, etc., as also malas are known as Dooshyas, because they can be rendered Dushit by the vat, pitta and kaph in Vikrit states.

(17) Atma or the nature of the disease : thus vattaj, pittaj and kaphaj ; Adhyatmik, Adhibhoutik or Adhidaivik.

(18) Adhisthan—Sharir or man, i.e., physical or mental.

(19) Sansthan or the site of the lesion or disease in the various Dhatoos, or Indriyani or organs and Malashayas. Refer to Sthansanshraya stage of the disease under Samprapti.

(20) Vridhi, sthan, kshaya ; or the three chief modes of extensions of the disease or the pathological process of the three doshas.

(21) Udark or the future or end of the disease; see the end of the different stages of the disease described under Samprapti.

(22) (*a*) Yog or the four kinds of Yog in which the Kal, Artha, and Karma can influence the states of the three doshas or vat, pitta and kaph. The four Yogas are the Samyak-yog, Hin-yog, Mithya-yog and Ati-yog. Refer the discussion of vat, pitta, and kaph.

(*b*) Vyadhi-bal or virulence of disease.

(23) Nam or the name of the disease. In cases where the name of the disease cannot be ascertained, the disease is named after the nature of the doshas involved ; about one thousand diseases have been described in Ayurveda. All cannot be mentioned there. (Refer Chapter VII and Part I of the Sharangdhar Sanhita. Refer also Uttar Tantra of the Sushrut Sanhita).

(24) Aushadha or Prathikara Pravritti and Pratikara Nivritti or the indications and the contra-indications of the diseases. That is what should be used and what should be avoided in the treatment of a case.

This is known also as the Upshya Anupshaya of the patients. It is already explained.

The Methods of the Ayurvedic Diagnosis.

There are three scientific methods of diagnosing—

(1) The Apta.

(2) The Anuman.

(3) The Pratyaksha.

The first is meant for the new disciples of Ayurveda. The latter without the aid of Apta, can never make use of the signs and symptoms elicited by the aid of the other two methods, either for the determination of the rog or disease or selection of the proper Therapeutics in the particular case, according to the Ayurvedic principles of diagnosis or Therapeutics. It is important to note that the drugs of the known properties (e.g., purgatives of different kinds) cannot be demonstrated to be so useful on the principles of other systems as on the Ayurvedic principles. An example of this will make the point clear. It has been explained under Koshtha that the state of bowels is naturally of different kinds in the individuals of the various Prakritis. Every case is not suitable for the use of castor oil or epsom salt. The unscientific use of purgatives in different individuals of different natures in different stages of the diseases and in different seasons of the years is altogether irrational ; the cause and the effects produced are either ineffective or more or less than what are aimed at. The irregular use of the purgatives by the patients themselves or their doctors, is the cause of many serious diseases of the abdominal organs, the lungs, and the nervous system. Many chronic diseases produced are kept up in this way.

Note.—The knowledge of the effects of purgatives and that of the Koshtha is the peculiarity of Ayurveda and is not met with in the foreign systems of medicine. *The Ayurveda excels all others in this respect.* It is to be remembered in this connexion that the effects of the three Doshas or the vat, pitta and kaph guide the use of purgatives and other medicines also. The seasons, the age of the patients, the state of the Agni, the nature of the country, etc., are also to be borne in mind in the use of purgatives produced in lands of different geological formations and of different, atmospheric conditions. This kind of knowledge, correct and scientific in nature, is called Apta depending upon the experience of experts or authorities in their subjects. In the same way, the previous knowledge of the principles and methods of diagnosis is absolutely necessary for the further investigation of the diseases by the other two methods which are only available for the scientific people only, namely, the anuman (or the deductive and inductive methods or interrogation) and the third or the Pratyaksha for the physical examination by the physician himself).

These methods, to all intents and purposes are, according to the principles of Ayurveda, quite enough for the practical purposes of the Ayurvedic practitioners.

The principal methods used for the investigation and determination of the nature of the disease are—

(i) The apta or the correct scientific knowledge.

(ii) The anuman or the facts and signs and symptoms of diseases as elicited from the patients by means of the prashna or interrogation. That is the knowledge about the disease as inferred or ascertained by the deductive and inductive methods. This is liable to be erroneous in the case of the malingerers and those who are intoxicated or insane.

(iii) The pratyaksha or the facts or signs and symptoms elicited or discovered by the physician's physical examinations of the patient's organs or parts of the body.

The value of this mode of examination evidently depends upon the kind of the apta or lectures of the experts that the physician learnt from his gurus and upon the amount of the knowledge of the same and his own experience.

The second and the third methods are recommended for the use of the Ayurvedic scientists or practitioners.

It is impossible to deal with these methods in detail. And hence, I shall only refer to the various aspects of the methods and the signs and symptoms of the diseases and other factors in connexion with patient's disease, only very briefly. The main object of the whole is to show the rational and scientific character of the methods.

The various methods will be dealt with in the following order:—

I. The interrogation or prashna.

II. The physical examination or darshan, sparshan, avhighat and saravan, and ohran.

I. The Prashna—Interrogation or examination by means of question put to the patient for the investigation of the following points or factors for the determination of the nature of the patient and his surroundings, etc. (*a*) Daish, (*b*) Kal, (*c*) Jati, (*d*) Satyma, (*e*) Atank Samutpatti or the cause of the onset or origin of disease, (*f*) Vedana, (*g*) Bal, (*h*) Jatharagni or the state of digestion, (*i*) Vat or the state of the adho vayu or winds, e g., absence or presence of the passage of winds from the colon and rectum or adho vayu pravritti or appravritti; e.g., in the case of Baddha-gudodar or intestinal obstruction, there is absolute constipation or Appravritti of the adho vayu or mal, (*j*) the pravritti or appravritti of mootra or urine, (*k*) pravritti or appravritti of purisha or fæces, (*l*) state of the ruj or menses, pravritti or appravritti of menses, e.g., in the Artav Nashta; or after menopause, there is total appravritti or stoppage of the menses. In the same way, answers to the leading questions put to the patient by the physician can help the physician in eliciting information about patient's other organs also and his environments and conditions, etc. A few more examples will make this clear. For example the state of the Mun or the Satwa, Ruj and Tama Gunas of the mind can be determined by vigyan, Krodha, Shok, Dhairya, Maidha, etc. The conditions of the tissues by the state of Saras and the age, the Satmya, etc., the obscure signs and symptoms of the disease can be determined by means of Upshaya and Anupshaya. The state of the doshas and the praman of the Ayu can all be ascertained by means of prashna.

In short, according to Ayurveda, the physician evidently does not need the elaborate, expensive laboratory methods for prognostic and diagnostic purposes. If the modern diagnostic methods be analysed and reviewed, one will have to confess that we are really not helped to the same extent in the treatment of diseases also. In the earlier or chronic cases, a true Ayurvedic physician can always recognize the diseases easily and always help his patient; because his diagnostic means are natural as well as scientific and his remedies are not necessarily those prepared or manufactured by expensive methods, but all the most simple means, such as Chaista (or physical and mental activities) or Karma, Indrayarth, and Kal, Daish, and other environments of the patient all scientifically adapted to the nature of the patient.

In this respect, the Science of Ayurveda differs from all others, and occupies superior and unique position as regards its natural, easy and rational means of determining the true nature of the disease, which is not at all as yet understood thoroughly by other systems.

II. The Pratyaksha (physical methods) are—

(1) Inspection or examination by eyes.
(2) Palpation by hands.
(3) Percussion or Avighat Pariksha.
(4) Auscultation by ears.
(5) The examination of the Ruses by means of the lower animals.
(6) Examination by means of the nose of the various kinds of smells.
(7) By means of certain practical tests which are included in the above methods,

(*a*) The Nadi Pariksha or the palpation of the pulse.
(*b*) The Jivha Pariksha or the examination of the tongue.
(*c*) The Naitra Pariksha or the examination of the eyes.
(*d*) The Shonit Pariksha or the test of the blood.
(*e*) Artava Pariksha or the test of the menstrual blood.
(*f*) The Shukra Pariksha or the examination of the Shukra or semen.
(*g*) The Mootra Pariksha or the testing of urine.
(*h*) The Mal Pariksha or the examination of the mal or fæces.
(*i*) The Vaman Pariksha or the testing of the vomit.
(*j*) The examination of the pus or puya.
(*k*) The examination of the other excretas, for example of the skin, eyes, nose, ears, etc.
(*l*) The examination of the krimi or bacteria.

Most of these practical clinical tests require the use of one or more of the general physical methods as already mentioned above. They depend upon the observation of the signs of the vikrit or abnormal states of the three doshas—vat, pitta or kaph alone or on their dwandwaj and sannipataj character. According to Ayurvedic principles there is really no necessity for the

more elaborate and expensive laboratory methods of the modern days. Though these latter methods enable the physician to learn more about the non-essential or accessory factors or signs of the disease they leave the physician quite in the dark, as to the exact nature of the disease inside the body, which alone can be really beneficial from a therapeutical point of view. *This important point is to be noted and borne in mind by all those who are desirous of not straying away from the natural, essential and right path in search of the artificial accessories* to which there can be no limit. The latter kind of observation are mostly the results of the glittering, up-to-date business-like fashions of the foreign countries.

The simple natural signs of the abnormal activities of the Vikrit states of the doshas can be fairly, accurately and easily distinguished and can be interpreted to enable the physician to know the Yoni and Atma of the doshas or the doshkop or the exact nature of the disease and the probable course and termination of the disease. All these findings, though simpler to look at, are useful in pointing out to the physician the therapeutical indications and contra-indications of a case. Truly speaking, nothing more is desired from the scientific point of view. All these methods are simple, rational and natural enough.

Only a few examples of each of the methods will be given to show the application of the observation made by those methods for therapeutical purposes in the treatment of the Vikrit doshas or other dhatus and organs. The Ayurvedic physicians, as has been already remarked, interpreted the observations in the light of the *Tridosha* Sidhant of *Nidan* or the general law of the causation of the diseases, according to Ayurveda ; i.e., whether the disease is vataj, pittaj, kaphaj, dwandwaj, or sannipataj in character ; whether these visham doshas exist in their natural ashayas or places or have extended to the other dhatus and malas and organs of the body ; and whether the diseases are sadhya or curable and asadhya or incurable ; and so on—

(1) Examination or observations by darshan or eyes (inspection) the physician should inspect all the signs or factors in or outside the patient (as already shown in Ayupariksha) ; e.g., unnatural or Vikrit Varna or colour of the skin, eyes, tongue, etc., the physical features of the ear, nose, eyes, etc., in the state of disease ; abnormal functional activities of the Vikrit Vayu, e.g., convulsions, etc., or special kind of attitude of the body ; colour of the malas such as urine, fæces, Artava or menstrual blood, pus, etc. ; state of the constitution such as sthool, krishta, or madhya sharir ; state of sharir as regards measurement, height, etc., called sharir praman indicative of the various Prakrits, Saras, Jatis, Nations, Yoni, etc. ; and everything else that would help the physician in the determination of the general state of the patient or the natural resistance of the patient.

(2) (*a*) By sparsha or the use of hands or *palpation* or the use of the pressure or touch sense. See Ayupariksha for the Vikrit state of the sparsh sense of the patient. The abnormal state of Shita, Ushna, Slakshna, Karkasha, Mridutwa, Kathin, Showtha can be determined by the hands of the physician. Liver and spleen can also be palpated for noting the enlargement.

(*b*) By abhighat or *percussion*. It is used by the use of hands in a special way. It is used to examine Udar Adhman and Jalodar or Ascites and Tympanitis.

(3) Examination by ears or *ascultation* used for noting such things as Antra-Koojan Sandhisphotan, rattling of the throat on account of kaph, etc., and anything else that can be discovered by means of the ears and is helpful to the physician in the diagnosis of the disease.

(4) Examination by means of taste organ of the lower animals such as the sugar test in urine, pitta in blood, etc., by means of the lower animals or insects.

(5) By means of smell of the excretions or malas such as urine, pus, etc., most of the Gundha of the malas are of the Vikrit nature. Certain special tests noted above are—

(*a*) The Nadi Pariksha or the feeling of the pulse : As already noted, the simple natural signs of the abnormal activities of the Vikrit states of the doshas can be fairly, accurately and easily distinguished and interpreted by the physician for the determination of the exact nature of the disease. But the diagnosis of the diseases by means of the pulse is not so easy and requires great skill and experience before it can be of any real value to the physician. The part of Ayurveda is so important that it has been described as a separate science and is called Nadi Vigyan. It was mostly taught by the specialists of the subject (the Gurus) to their disciples. Men of some experience alone could understand the various factors in regard to the pulse, which will be only very briefly referred to here. This is the reason why the subject of pulse is not included in all the books generally. Sharangdhar, which is a sort of index and aids to the Ayurvedic system as a whole, does describe it. It is older than Baghbhatta. The various other authors of the subject can be counted such as Ravan, Nagarajun, Bhav Prakash, etc. Among the most ancient experts, personages like a Shiva, Kanad and many others can be mentioned. These have made this subject or art easy enough for their disciples.

The palpation of the pulse, though only one of the above five pratyaksha or physical methods, has been described as a special method—

(i) Object of the palpation or feeling of the pulse for prognosis and diagnosis. In both the Dhamni Sphurun or pulsation was made the object of study or observation. The Sam or Visham states of the three doshas, namely, vat, pitta and kaph were primarily looked for and variations in their natural character noted.

(ii) Method of feeling the pulse: the patient as a rule is to sit in front of the physician or remain lying in bed. The pulse selected for observation is the *Prakoshthaga Nadi* or the radial pulse. It is regarded to be the Jivashakshi Nadi or the standard of the approximate life activity. It is to be remembered that the heart according to Ayurveda is the *Chaitanya Sthan* or the principal place of the Jiva; and hence the pulse gives information about the state of the Jiva or heart and other doshas. The next rule is to begin with, and examine the right or the left pulse according as the patient is a male or female. This custom, at present, has degenerated and is like the sign used as a prefix to all prescriptions of the modern scientists. Originally this method was based upon the knowledge and position of the Koorma Chakra, one of the plexuses of probably the sympathetic or autonomic system of the modern physiologists, who really know very little about the system at present. The Ayurvedic authorities describe its two different positions in the male and female which gives rise to the two different methods of examining the radial pulse.

The various characters of the pulse in health and disease communicate to the fingers of the experienced physician the signs of health or disease in the same way as the wires of a violin communicate the different notes to the musical player's hands and ears. The truth of this statement can be imagined by men of some experience alone. The difficulty of the method is acknowledged even by the foreign authorities of this art.

To feel the pulse, the physician sitting in front of the patient supports the elbow of the patient with his left hand and places the three fingers of the right hand on the radial pulse closely together a finger's breadth away from the base of the thumb. As a rule the index finger is placed next the thumb, the middle finger between index and ring fingers, which is placed next to the elbow-joint, or away from thumb. The ring finger is called Anamika. Very often three parts of the pulse have been described after the names of these fingers and it is therefore necessary to remember their names and the places examined by them.

The three parts of the Nadi or Dhamni Sphuran or pulsation are described as the Vat Nadi, Pitta Nadi and the Kaph Nadi. (*Cf.* the three parts of a normal Sphygmographic tracings)—
(i) the upstroke, (ii) the notch or the tidal wave and (iii) the downstroke)—

The point worthy of note in Ayurveda is the recognition of the three parts and many other important characters in ancient time and their use for the objects stated above, when no modern instruments existed. Many Ayurvedic physicians' hands are better than the instruments of the above nature needed for determining the pulse waves and pulse pressures, because they can, in addition to these, describe the exact nature of the disease and signs and symptoms of the diseases correct to an astonishing degree, which is impossible by any instruments. These signs and symptoms or characters of the pulse depended upon the variations of the vat, pitta, and kaph or the three doshas.

The healthy pulse is called sama nadi and the unhealthy pulse is called visham nadi.

The different methods of feeling the pulse are—

(i) Sparsha (or touch);
(ii) Piran (or pressing);
(iii) Aghata; and
(iv) Mardan (or rolling beneath the fingers).

It will be clear from the above methods that most valuable information can be gained with regard to the rate, rhythm, strength, tension, volume, and state of the vessel wall, and other character of the pulse waves, and besides these, certain other important factors about the heart and other organs of the body can also be determined. These observations along with those collected by other methods, if used and interpreted correctly, give sufficient information about the doshas. The factors of the above type are such as—

(1) Manda or Tibra or Vaigvati (*Cf.* rate of the pulse).
(2) Sama or Vishama (*Cf.* Rhythm and strength, etc.).
(3) Sukshma or Sthool (*Cf.* Vol. of the pulse, small or large).
(4) Temperature (Shita or Ushna).
(5) Gurvi and Laghwi (*Cf.* high and low tension of the pulse).
(6) Sthira or Chapla (*Cf.* distinct or indistinct pulse).
(7) Tantusama, Mritsarpasama. These give information about the state of the vessel wall.
(8) Mansbridhi (*Cf.* Arteriosclerosis).
(9) Swasthana or Sthan-Vichyut pulse palpable in the normal site or elsewhere.

This part of Ayurvedic Pariksha is really very important and cannot be dealt with in detail. It supersedes all other systems. Its use and practice are so difficult that it cannot be appreciated by men of average intellect or common experience. It requires special training and repeated practice before it can be of any value even to the Ayurvedic physician.

The difficulty and importance of this art as noted above are recognized also by the greatest foreign authority. (Refer Study of the pulse by Mackenzie.)

"With careful tuition, the trained finger can undoubtedly become a most sensitive instrument. By constant practice and study, each physician makes for himself a hundard of arterial pressure, which he recognizes as normal."

The reason why vat stands first, pitta second, the kapha last on the pulse wave, can be understood by those who understand the process of Ayurvedic Embryology or development of Nadi and Srotas, and also the physical properties of the Panchabhutatmik Drabyas.

Uses of the Nadi; sadhya and asadhya characters of the pulse depending upon the involvement of one, two or all of the three doshas, and also on the other characters or variations of the normal pulse depending upon the state of the doshas, dhatoos and malas.

(*b*) The Jivha Pariksha or the examination of the tongue : The various physical characters of the tongue which enable the physician distinguish the vat, pitta or kaph kop are its colour, its appearance as dried, cracked, etc., and so on.

(*c*) The Naitra Pariksha or the examination of the eyes and the examination of the teeth and lips also : The colour, the character of the discharges, photophobia (its presence or absence), the signs of daha or inflammation, etc., and other unnatural physical states of the eyes—such as sunken states of the eyes, staring and squinted looks, etc., enable physician to recognize vat, pitta and kapha diseases and also their curable or incurable nature of the disease.

(*d*) The Shonit Pariksha : The various characters of the pure and normal blood and the Dushit for abnormal blood described in the books enable the physician to diagnose the blood diseases and differentiate the Jivashonit and the Rukta-Pitta, i.e., whether the blood appears with vomit or is taken from the veins. The vataj, pittaj, and kaphaj diseases give rise to different physical characters which enable the physician to recognize them. The curable and incurable nature of the diseases is also known by their help.

(*e*) Artava Pariksha or menstrual blood : Shudha Artava or Dushit Artava (normal and abnormal) were recognized by means of certain physical and chemical characters. These help the physician to understand the nature of the Doshas at fault.

(*f*) Shukra Pariksha or the examination of the seminal discharge : The physical and the chemical characters of the various kinds of Shukra (normal or diseased states) such as Shudha Shukra or Dushit Shukra enable the physician to recognize the doshas in a Vikrit state and also understand the sadhya or asadhya nature of the condition.

(*g*) Mutra Pariksha or the testing of urine : The various physical and chemical characters of the normal urine of men or women (married or unmarried) refer to the reaction of the urine and specific gravity (as Laghu and Guru) and colour , consistency, taste or presence of other abnormal substances as blood (fat, bone-marrow, etc). The variations in the normal conditions and characters of urine enable the physician to diagnose the doshas in diseases and discover other abnormal substances excreted along with the urine and originating in the various parts of the body, and also understand the curable and incurable nature of the various diseases.

Nagarajun's test for urine : This test is a very famous one discovered by Sidha Nagarajun for the determination of the prognosis of diseases in general, by means of the test of urine conducted in a special way with the help of *an oil drop* which *acts as urinometer* primarily. The other characters such as the spreading of the oil drop on the surface of the urine are said to indicate also the curability or incurability of the disease.

A few examples of urinary disorders of which the physical characters are described in the texts are given below as special names have been given to those conditions like those of the modern scientific men.

Examples of Pramaiha are—

(i) Udakmeha (*Cf.* Polyuria).
(ii) Kandaikshurasmeha (*Cf.* Glycosuria).
(iii) Sandrameha (*Cf.* Albuminuria).
(iv) Sandraprasadmeha.
(v) Suklameha (*Cf.* Chyluria).
(vi) Shukrameha (*Cf.* Spermatorrhœa).
(vii) Ksharmeha (*Cf* excessive acidity of urine).
(viii) Kalmeha (*Cf.* Met-hæmoglobinuria).
(ix) Neelmeha (*Cf.* Hæmaturia).
(x) Ruktameha (*Cf.* Hæmaglobinuria).
(xi) Manjishtameha (*Cf.* Hæmohoporphyrinuria).
(xii) Majjameha (*Cf.* Marrow in the urine).
(xiii) Vasameha or fat in the urine.
(xiv) Madhumeha(*Cf.* Diabetes mellitus).
(xv) Sikatameha or gravels in urine.
(xvi) Alalmeha (*Cf.* Mucus in urine).

Examples of other diseases that can be diagnosed by examination of urine are such as :— vasti kundal, ushna vat, vir-vighat, mootra kricha, etc.

(*h*) Mal Pariksha or the examination of the fæces : Diseases like Amatisar, Vatatisar, Pittatisar, Kaphatisar, Raktatisar, etc., and other similar diseases also can be diagnosed by the physical characters altered according to the doshas at fault.

(*i*) Vaman Pariksha or examination of the omited matter, for the diagnosis of the ruktapitta or diseases of the Amashaya.

(j) Sravapariksha or the examination of discharges from ulcers, etc., of the various dhatoos and organs of the body, could be recognized and can be used to diagnose the sites of the diseases.

(k) Examination of the malas of other organs or parts—as Swed, Netramal, Karnamal, etc.

(l) The examination of the krimi: Various kinds of krimi or bacteria giving rise to diseases in men and naturally found either in the external parts of the body or inside the body, e.g., in purisha or in the malashaya; slaishama or kapha or in the kaphashaya. The krimi of yakshama or consumption is an example of the slaishmaj krimi. The krimi of Kushta or leprosy is an example of the rukta of blood group of krimi. Similar examples of various other krimis too small to be visible to the naked eye have been described and their various names and physical characters, etc., have been described.

NOTE.—It is not quite clear from the text where these various microscopic krimis have been described, how these were discovered and studied. The science of yog alone can explain this method of study as will be apparent from the reference.

Investigation of Epidemics and Adoption of General—Prophylactic Measures and Remedies.—The nature and causation of epidemics and pandemics were fully understood and recognized by the Ayurvedic physician of ancient days. They attributed these to adharma or evil karmas which lead to the vitiation of the atmosphere, water, kal, and other general conditions of the different countries in which they happen to occur. The reader anxious to know about the measures or means suggested to be adopted during such periods can refer to the text books.

The Principles and Methods of Ayurvedic Treatment.—Only a brief review of these is possible in this place. It will show the scientific, rational and natural character of the therapeutical principles and methods of Ayurveda.

Before reviewing the principles themselves, it is necessary to know a little about the Ayurvedic treatment itself, its aims and essential adjuncts.

The Ayurvedic therapeutics is the Prakriti Sthapana or the restoration of the natural or Avikrit state of the doshas, dhatus (tissues) and malas or natural excreta.

1. Its natural divisions are two: Ojaskar or the treatment to maintain health of the healthy persons. It is Rasayan or Vajikaran.

2. Rognashak for the treatment of the diseases.

The Chatushpada or the four essentials of Ayurvedic therapeutics are—

(1) A noble learned, practical, dexterous, and a certificated physician who understands all about the causes, signs, symptoms and the rationale of treatment, and can do surgical work as well.

(2) A faithful patient who carries out the instructions of the physician.

(3) The tested and effective remedies of drugs pure and unadulterated.

(4) An obedient and intelligent attendant.

The practical divisions of therapeutics according to indications are three: (1) The Daiva path or the divine method or path based upon the principle of karma and is usually employed in karmaj diseases. It includes treatment conducted by means of mantras or prayers, tirthagaman or pilgrimage, charity, penance, fasting, etc., (2) yuktipath or the rational method or path based upon the principle of reason or rationality, where the relation of cause to the effect, or disease and the treatment can be established and explained. This is the common and general line of treatment that is adopted and recommended by most of the Ayurvedic authorities, as will be evident from the following discussion of the methods and the principles. This is based upon the law of the three doshas or tridosha sidhanta of vat, pitta and kaph, which has been proved to cause all pathological disorders and give rise to physical phenomena or clinical symptoms and which explains the rationale of all the therapeutical drugs, diet, special measures of pancha karma, general measures whether medical or surgical, the use of a particular climate country and any other thing that can be used as a remedy. Apparently, there could be no more rational procedure or principle of treatment than the above, as it includes both medical and surgical measures, provided they are suited or congenial to the patient and indicated by his disease and nature or prakriti. This principle was put into use for the purification of the ovarian and testicular excretions or secretions in the would-be parents, and was also used during pregnancy to produce a child of good and healthy prakriti.

This sort of treatment was thus commenced and used even in the state of health of the arents to produce an indirect effect upon the prakriti of the offspring.

It was used during pregnancy to prevent the onset of most of the congenitical defects. Afterwards suitable diet and environments were used to maintain the state of health till death.

3. Satwayajaya or the avoidance of all anupashaya or harmful drabyas by control of the manas.

The Principles of Ayurvedic Treatment.—They will be discussed below very briefly.

The general law or principle translated in English would be somewhat as follows :—

(1) All dhatus are increased by similars (or Synergetics) and decreased by the reverse (or Antagonists). The original text is as follows :—

"वृद्धिः समानैः सर्वेषां विपरीतस्तु विपर्ययैः ।"

(2) The rational treatment or Yukti-Yukta principle of treatment is the use of the remedy contrary to the cause, or contrary to the Vyadhi (disease or the actual pathological processes) or contrary to both. In short upshaya, contrary of anupashaya, is the rational remedy.

The original text is this :—

"हेतुव्याधिविपर्यस्त विपर्यस्तार्थकारिणाम् ।
औषधान्नविहाराणां उपयोगं सुखावहम् ॥"

To enable the reader to understand the above principles a brief comment is necessary.

The disease in Ayurveda as explained before is only the abnormal conditions of quality and quantity of the doshas of the body, dhatus of the body, and malas.

The disease is only a state of excess or deficiency of the Doshas or Dhatus or Malas already discussed before. If in health those Drabyas which are known to produce an increase in the Doshas are taken in larger quantities, the Doshas increase in quantities and their functions are also increased ; if, on the other hand, such Drabyas which lead to their reductions after digestion are taken, a state of deficiency occurs in time. If the substances which leave more of waste matter or Kitta of the food are taken an increase in the quantities of the natural excreta also occurs.

The Drabyas of the Apatarapana class lead to the decrease of the body ; and those of the Santarapana class lead to the increase of weight of the body.

These Drabyas when used by the mouth produce different effects by means of—

(1) their Rusas,

(2) by the various Viryas or active principles,

(3) the different qualities or properties of their Vipaka or the digested substances after absorption, and

(4) by their special properties or Prabhava.

Although it is unnecessary to repeat what has been already discussed before, I do so to make it easier for the reader to understand the discussion without referring to the subject in other places.

The various classes of the Drabyas used as drugs on the above principles of Rus, Virya, etc., are—

(1) Shatruvarg : Some of these groups are known to increase and some to decrease the quantities of Vat, Pitta, and Kaph. If, in treatment of disease due to excessive states of the certain Doshas in persons of the same Prakritis, that group or groups of substances are employed which in health are known to stimulate the productions of those Doshas or Dhatus, then a further increase is sure to follow according to first principle of the therapeutics stated above. If, on the other hand, the Drabyas of those classes are used which lead to deficiency of the same Doshas, then their use in disease of the excessive states of the Doshas will lead to the reduction of their quantities, and consequently of their actions in diseased states. This effect is in accordance with the second part of the first law or principle and in accordance with the second principle. A few examples of the Viryas of the drugs used in the treatment of diseases are mentioned here to explain the general law of therapeutics. Thus, in diseases arising from the effects of Shit-Virya of a Drabya, the use of a Drabya of a similar property will lead to the increase of the diseased state by producing a greater action or effect ; the use of the Ushna-Virya drug, on the other hand, will produce a contrary effect by reducing the Doshas. Examples of such drugs of opposite properties are Ruksha and Snighdha.

Examples of Prabhav are very commonly seen in the case of the groups of poisonous drugs. This knowledge is utilized according to the above principle in certain diseases in the following manner, in the treatment of cases of insanity produced by strong wines, the wines in weaker doses where the effects of the Rus, Virya and Vipaka of the wines is not made use of or neglected by the diluted or weaker doses, a contrary effect or Prabhav is produced by the special toxic effect or Prabhav of the drug ; this contrary effect of Prabhav is the Viparitarth-kari effect of the same active or toxic drug.

Examples of the Drabyas producing alterations in the quantities of the Dhatus can be observed in the case of the Santarpan and Aptarpan class of Drabyas ; thus, the use of milk which contains fat will lead to the increase of the fatty-tissue of the body. The stoppage of all fats from our food will lead to a reduction of the above tissue.

All these Drabyas under their abnormal conditions of Hin-Yog, Mithya-Yog or Ayog and Ati-Yog, as has been already explained under Aetiology, give rise to various diseases. The drugs also can be used in the above three ways according as the effect or action of the drug is desired in a particular case.

By the way, it would not be out of place to mention that the principle of the Homeopathy is the Viparitarthkari principle of the above law, and the mode of administration of the drug is according to the principle of Hin-Yog which is the opposite of the Ati-Yog of the same drug. This is said to be useful in the case of poisonous drugs (Charak).

In the use of drugs or diet, the physicians must remember the effects of the various kinds of Virodhi Drabyas or incompatibles, as these are likely to produce injurious or undesirable effects. According to the above principle, the knowledge of the Drabyas of opposite kinds of actions, of their different Rusas, of opposite kinds of Viryas or Vipakas and Prabhavas, is absolutely necessary to avoid undesirable results by the irregular use of the drugs regardless of such effects on persons of various Prakritis.

A few more principles of general use are given below to show the rational and scientific character of the principles of Ayurveda.

As they are of practical importance in connexion with the special medical measures or methods, the practitioners of Ayurvada bear them constantly in mind while treating a case. They particularly refer to the indications and contra-indications of a case, the proper time for the use of a drug or a method, the preliminaries or preparation of the patient for a particular Karma or method of the Tarpan or Ap-tarpan class, or the Shastrakriya or any of the therapeutical measures whether medicinal, dietetic, or hygienic, or climatic or seasonal, and any other remedy that may be employed as such.

1. All therapeutics should be employed according to the stages of the diseases or Kirya-Kals. Five Kirya-kals indicating the use of a special Karma or method are known.

2. All therapeutical measures are to be used only in those cases where they are indicated and not employed in the cases where they are not indicated. Indications and contra-indications of each Karma or method must be remembered by the practitioner.

3. All rightly applied measures produce distinct signs and symptoms of success of the measures. The signs of each Karma are to be remembered. The Samyak or Samyog of a Karma are to be remembered.

4. All therapeutical measures can be wrongly or improperly applied in only three possible ways :

Hinayog, Atiyog and Mithyayog (less than proper, reverse of proper, more than proper).

Diseases or complications are produced by erroneous applications of the methods and can be recognized by distinct signs and systems produced in the patients.

5, All patients restored to the Prakritistha state must be advised to remember their Hita and Ahita or Upashay and Un-Upshay, at the time of discharge from the Pancha-Karma Griha and Kuti (Ayurvedic Hospital and Sanatorium).

6. In all cases during the case-taking, the following important points are gone through in each case for selection of the proper remedies to suit a case :—

(i) Ayu-Pariksha (prognostic consideration).

(ii) Vyadhi Pariksha (diagnostic considerations).

In case the patient has Ayus, the following further points are considered : —

(*a*) Vyadhi Vikalp (Vataj, Pittaj or Kaphaj).
(*b*) Hetu-Vikalp (Hin, Mithya, and Ati-Yog of Indriyarth, Karma and Kal).
(*c*) Purvroop (Samanya or Vishaish).
(*d*) Rup.
(*e*) Upshaya and Un-Upshaya or Satmya and Asatmya.
(*f*) Samprapti.
  (1) Vikalp Samprapti (Adhik, Madhyam or Hin).
  (2) Pradhan-Samprapti (primary or secondary).
  (3) Bal-Samprapti (Sabal or Nirbal).
  (4) Kal-Samprapti.
  (5) Adhishtan (Sharirik or physical, or Mansik or mental).
(*g*) Agni (Sum-agni, Vishum-agni, Mand-agni, Tikshna-Agni).
(*h*) Deha (Sadharan, Durbal, Sthool).
(*i*) Koshtha (Mridu, Madhya or Kroor).
(*j*) Kal (five krya-kals) and Ritu, etc.
(*k*) Kaya (young, adult or old).
(*l*) And other points about the Vyadhi or disease and other important points about the patient's Prakriti, suitable medicines etc.

7. All Asadhya (or incurable) but Yapya cases are to be treated on the principles of Pathya-pathya.

8. A Bhishak (Physician) is one who understands the six Snehadi Kriyas ;

9. All drugs properly used are useful and wrongly used can do harm.

10. The infants should be treated carefully ; the physician's chief guides are Poorvaroop, Ling, Upshaya; Desh, Kal, etc. ; only sweet, mild, palatable and light drugs are used.

11. The diseases produced by Krimi (bacteria) are to be conducted on these principles—

(i) Apakarshan or removal of the Krimi.

(ii) The prevention of the cause or Nidan-varjan. In all these cases careful treatment is required as the symptoms generally are comparatively more serious than ths Dushit or Morbid state of the Dhatus.

12. The relapses of the Vyadhi is more common after the Sumshaman Karm than after the Shamshodhan karm.

13. In all cases where Panch karm fail to relieve or cure and disease recurs, the Siddha-Yog are to be employed.

14. The Yukti or rationale of the Ayurvedic therapeutics involves the comparative considerations of the nature and stages of the disease, and the action of the Drabyas with reference to their Rus-Viryavi-Pak, etc., and Desh and Kal.

15. The Upashaya is the state of health maintained by Ahar-Vihar contrary to cause of disease, contrary to disease and Vipritarth-kari.

16. The Ahar (diet) that keep up the sum-dhatoos of the body in a state of Prakriti and render the Visham ones Sam is Hit-kari or useful and the opposite of such Ahar is Ahit or harmful.

17. The treatment of the actually dying persons is not recommended.

18. In Mansik diseases, the intelligent physician should use all that is Hit and avoid Ahit of the patients.

19. All diseases of unknown origin or name should be treated according to the Doshas involved.

20. The disease is not curable always by treatment by Pathya only (i.e. Upashay) without the use of other methods described in text-books.

21. Diseases produced by errors of diet are curable by the use of proper Pathya.

There are numerous minor but equally important principles of general use like the above ones, but they need not be described here, as the few described above are enough to show the amount of care taken by the Ayurvedic physicians in the treatment of cases and also to show the rationality of the principles.

Although the following remarks are not directly connected with the above discussion, they are simply made here to show the comprehensiveness of the Ayurvedic therapeutical principles and methods and also to show the value of their scientific and rational nature :—

(1) The principles and methods of the *new art uf healing* by Louis Kuhne are claimed to be the rational and comprehensive system of treatment. He believes in the disease-matter (cf. Doshas) to be the causes of the disease. His treatment for the removal of the disease-matter consists in the use of (*a*) various kinds of baths (cf. Bahir-parimarjan, (*b*) Enematas (Vasti-karma), (*c*) special diet (cf. Pathya or Satmya-arth)

The Sitz bath (cf. Drava-Swada) is believed by the followers of the above system and was claimed by the author himself to be the cure of every disease.

(2) The principles and methods of Homeopathy are claimed by Hahnemann, the author, to be the only rational and perfect and scientific system of the healing art. Diseases of man are according to him solely spirit-like (dynamic) derangements of the spirit-like power (the vital force) that animates the human body (cf. the Satwa, the Chetan Dhatu or spirit-like force of the Jiva which is Anu-Sangyak or atomic). The pathogenetic power or the effects of drugs in altering and deranging (dynamically) the health is called the medicinal disease. This power (cf. Prabhava and Atiyog of the Drabyas) of drugs is believed to be capable of removing the natural disease by similarity (simila similibus); he administered it to the patient in simple form, and in rarified and minute doses believed to extinguish the natural disease. The "pernicious routine" of the old school of Allopathy (in the opinion of the author of Homeopathy) regarded as totally inadmissible in the honourable science of homeopathy is unfortunately, according to the Ayurvedic system, only the Vipritharth-kari principle and part of the general law No. 2, and the Viprit (opposite) treated by Viprit according to the general law No. 1, but the Hin-yog of the active or poisonous Ati-yog of the same drugs (cf. the medicinal diseases of Hahnemann who states in his Organon of Medicine, English translation by Dudgeon, Edition 1906, that the high and only mission of the physician to be the restoration of the sick to health (cf. Prakritisthapana) and virtually translates most of the Sutra Sthana of Ayurvedic system and other principles explained in Ayurveda, but does not recognize that system which he made use of by explaining to his adherents the principle of the Hin-yog and the Prabhava of drugs.

(3) The principles of old Allopathy was the contrara contraria (cf. Viprit Chikitsa) which not Ayurvedic in any way) based upon the principles of palliation and symptomatic treatment both of which are scientifically irrational. The modern school is in a state of transitional stage of progress without any general therapeutical principles for its guidance on rational lines. It is still busy in experimenting and collecting facts to approach the threshold of rationality which will evade them so long as they are not in possession of the two important factors of the therapeutics, namely what life is and what disease is. True life metabolism—and true life—

pathological process are not known as yet. The life at present is regarded in a chemical sense. The biologists cannot understand or explain why the heart of a cold-blooded animal continues to beat even after its separation from the rest of the body (a living laboratory, which supplied that heart with the necessary chemicals of the same nature, according to the modern scientists, as it did to the rest of the body). Refer to Ayurveda, which believes heart to be place of Cheytan Dhatu or Jiva and also believes that the heart is supplied by the best part of our digested food or rus. The recognition in some places of the fact that most of our diseases are produced by errors of our food and begin in the abdomen is in favour of the Doshaj Sidhant or law of Ayurveda. The growing use of Organotherapy and an attempt to find relationship between the internal secretions and the so-called vitamines met within vegetables is also in favour of Ayurveda. The use of vegetables regarded mostly as indigestable substances do raise the blood pressure after digestion and is like the adrenalin chloride in action.

(4) Fasting cure (cf. Ayurvedic Upvas).

(5) Chromopathy (cf. Shit-Ushna Virya [Rus) through the influence of the varying sun's rays.

(6) Countmattei's different electricities known as white, red, green, etc. (cf. the production of the various Rusas by the effect of the sun's rays of different seasons). (For his electro-homoepathy cf. Hin Yog and Prabhava of the drugs).

(7) Respiratory exercises (cf. Pranayam).

(8) Physical exercises (cf. the Hat-yog Asanas or exercises used for the development of the physical body not for worldly object alone but for Yogic purposes also).

The methods of Ayurvedic treatment.—The three general methods are—

(1) The Deva patha. It has been already referred to. It includes treatment by Mantras, etc., and the Bhoot Chikitsa and treatment by suggestions of the modern scientists and the Hypnotic treatment also.

(2) The Yukti Path or Yukti-Vyapashraya. This method is the common method of treatment of the Ayurvedic Physicians of the type described above. All the methods that will be referred briefly below are included in this class of treatment. This method is based upon the thorough knowledge of the disease and the drugs and methods of treatment. This sort of knowledge is made use of by the physicians only when the reasons for the treatment are clear. Therefore the process of therapeutics based upon the correct knowledge of Hetu (Aetiology) of Vyadhi, correct of knowledge of Vyadhi (the Vikrit or Vishum state of the Doshas, Dhatus, etc., in all the stages) and the correct knowledge of Aushadha (the diet, the drugs, the hygenics, the influence of climate, seasons, day and night, the proper applications of the method and the principles of treatment, is rational Yukti-Yukta path or method.

(3) Satwavajaya, the avoidance of harmful Dravyas by controlling the Manas.

The chief varieties of the Yukti-Yukta methods are—

(1) Antah-Parimarjan, the removal of the Doshas by the use of remedies which act when given internally, that is, the treatment by internal use of drugs.

(2) Bahir-parimarjan, the elimination of the Doshas by the use of external applications of drugs or other measures.

(3) Shastra-pranidhan or surgical treatment, that is, the removal of the Shalya, whether natual or Sharirak or Agantuk or foreign, by means of instruments (hands included), blunt or sharp.

The therapeutical methods can be grouped under the heads mentioned below:—

1. Snehan.	4. Rookshan.
2. Swedan.	5. Stambhan.
3. Langhan.	6. Bringhan.

The three sets of Karmas or methods consist of two opposite methods in action and are therefore available for treatment according to the general law.

The Sneahadi Kriyas or methods of Ayurveda.

As it is impossible to describe them in detail, I would only review the important ones to show the practical application of the general law stated above. These methods or Kriyas were adopted to the needs of the patient. These Karmas are mostly purely medical, being conducted by means of drugs or special measures without the help of intruments used in the other variety of the Karmas known as Shastra Karma.

These medical methods or Kryas are—

(1) The Bringhan.
(2) The Langhan.

The Langhan means the use of the drugs or measures that produce a feeling of lightness or Laghavata in the body, or anything that reduces the body weight and produces a gay feeling.

The Bringhan means anything that produces a feeling of heaviness of the body and increase weight.

The two measures are contrary to each other and thus are available for use according to the general law of therapeutics.

The two other methods, practically the same as Bringhan and Langhan in principle and practice but described in books separately are—

(1) The Santarpan.

(2) The Aptarpan.

They are contrary to each other also and are applied in practice according to the general laws. The disease produced by the Santarpan Drabyas are curable by Aptarpan Karmas which will be referred to later on.

The second group, consisting of two contrary measures, are—

(3) The Rookshan.

(4) The Snehan.

The third group of two other and contrary methods are—

(5) The Swedan.

(6) The Stambhan.

They are used in practice in accordance with the general law. For full information, the text books should be consulted.

Group B.—The Samshaman and Sanshodhan kriyas or karmas—

(*a*) Sanshaman karmas are—

(1) Pachan.
(2) Dipan.
(3) Kshuda-nigrah or Upvas.
(4) Trishna-nighrah or Pipasa nigrah.
(5) Vyayama or exercise.
(6) Atup.
(7) Vayu.

In these methods, the natural excretory organs or passages for the elimination of the Doshas were not acted upon by the drugs or measures. The proper indications and the contra-indications of each of these methods cannot be dealt with here.

(1) The shumshodhan karmas or kriyas are—

(1) Vaman.
(2) Vireychan.
(3) Nasya.
(4) Niruha or Vasti.
(5) Rukt-sruti.

In these methods the Dushita Doshas and malas were eliminated through the natural excretory organs by drugs. They are as a rule preceded by the Sneahadi kriyas. In the modern days most of these karmas were not used by the Ayurvedic practitioners commonly. It has rather become absolete. In the ancient days this treatment was usually conducted in specially constructed houses or Griha, which resemble on a modest scale a hospital of the modern times. The Drabyas of the Sneahadi class and Sunshodanadi class have been referred to in the discussion of the Drabyas.

For the varieties of the Swedan, Virechan, Vasti and Nasya see the following pages.

The Sanshodhan karmas were used to eliminate the malas through the excretory organs by drugs or measures. The object of the preliminary use of the Snehan and Swedan kriyas is to loosen, liquify and facilitate the passage of the malas easily. It is impossible to refer to the special principles used in the application of the various varieties of these methods in the indicated cases. Illustrations will be given in the following pages to show the use of the methods in general.

For varieties (subdivisions) of the Samshodan Kriya—collectively called Pancha Karma—see the following—

The Sunshodhan Kriyas, comprised of five special methods for eliminating the body Doshas are also known as Panchkarmas. They are—

(1) Vaman (Emesis or vomitting).

(2) Virechan as by purgatives, diuretics, etc.

(3) Nasya (snuffs).

(4) Niruha or Vasti (Douching).

(5) Rukt-sruti or Mokshan (Venesection).

Of these Vaman is also called Urdhwa-Karma : Virechan and Vasti are often called Adhah-shodhan Karmas. The Panch-karmas belong to the method known as Antah-Parimarjan or cleansing of the inside of the body ; the Bahir Parimarjan, opposite of the Antah-Parimarjan, includes the Swedan karmas.

Several kinds of the above methods have been described in the books. Some of these are mentioned for illustration and reference.

Examples of Swedan karmas (methods of perspiration with or without the application of heat are—

1. Tap-swed.
2. Ushma-swed.
3. Hastisundika-swed.
4. Upnaha-swed.
5. Dravadi-swed.
6. Nadi-swed.
7. Sankar-swed.
8. Prastar-swed.
9. Avagah-swed.

Jaintak-sweda.
Kuti-sweda.
Bhu-sweda.
Koop-sweda.
Kumbha-sweda.
Holak-sweda, etc.

The main object of the various Swedan methods is the act of hydration or liquifying the Doshas and by the continuance of the causes leading to the passage of Sweda containing the Doshas easily out of the the excretory passage of the skin.

I have often tried in my practice in several cases several of these measures described under Swedan-karma and have found them to be very useful in cases of neuralgic pains, stiff joints, stiff tendons or contractures, torticollis, etc.

Examples of various kinds of Vasti—

(1) Rectal Vasti or Enema (Anuvasan and Asthapan).
  (*a*) Dosha-har Vasti.
  (*b*) Shaman Vasti.
  (*c*) Lakhan Vasti.
  (*d*) Madhutailak Vasti.
  (*e*) Kal Vasti and various other kinds.
(2) Uttar Vasti—Urethral and Vagainal Douche.
(3) Netra Vasti or eye-douche.
(4) Shiro-Vasti or special kind of leather cap to fit on to the patient's head.
(5) Phal-barti or suppository was used for introduction into the anus.

Examples of the varieties of Nasya-karma—

(1) Ava-Piran Nasya (juices of plants snuffed up the nose).
(2) Pradhaman Nasya (snuffs in powder form).
(3) Marsha Nasya (oils or oily preparations used as snuffs).

The objects of the Panch-karmas—

(1) The Prakriti-sthapana is the chief aim.
(2) To increase or make up the loss of the Doshas in a state of deficiency.
(3) To reduce the quantities of the Kupit Doshas which are in a state of excess.
(4) To bring down or restore the Kupit Doshas to their normal states.
(5) To preserve the Sam state of those Dhatus which are in a normal state.

Of these five Karmas, Vaman and Virechan are the chief ones.

As a rule, for the treatment of the patients suffering from diseases which cannot be cured by other methods, the Pancha Karmas were indicated. These were to be used only in the properly selected cases and according to the indicated methods. Where they are used as means of restoring the debilitated persons or in special diseases of the bones, and in a systematic way, they were preceded by the Sneyhan and Swedan Karmas.

As it is impossible to describe these methods in detail, persons interested in further inquiry can refer to the Charaka Siddhi-sthan, chapter 1, sholkas 24 to 28.

As a rule, the after-Pancha-karma rules were to be observed for at least double the time that was required during the conduction of the Karmas.

The various drugs of different properties used in these methods are too many to be referred to in this place. The properties of drugs, however, require a mention. The descriptions of the drugs classified and described on the principles of Rusas (Shat-varg) are very much like the descriptions of the drugs described by the Homeopathics. In addition to these actions, the uses of these drugs in the various kinds of the Doshaj diseases are of greater importance. Thus the diseases produced by the Ati-Yog of one class can be treated by the Hin-Yog of the same class of drugs or by another class producing the opposite kinds of effects upon the Dhatus of the body.

To illustrate by an example of one of the Karmas (Vaman Karma) the amount of care that was taken in the use of methods of the Pancha Karma class, may be judged from the following chart:—

(1) Vaman Kal (proper season and hour of the day for the conduction of this method).
(2) Vaman Yogya Rogi (used only in cases where it was indicated),
(3) Vaman-ayogya Rogi (contra-indication of emesis or Vaman).
(4) Dosh-anusar Chikitsa (treatment according to the Doshas or Vat, Pitta and Kaph).
(5) Vaman-aushadha (emetic drugs).
(6) Vaman-matra (degrees, doses, etc., of emesis Hin, Madhyam, Uttam).
(7) Vaman-vidhi or process of the use of emetics.
(8) Signs of Samyak-vant (signs and symptoms of successful emesis).

(9) Pathya of Samyak-vant (proper Ahar-Vihar or Upshaya in successfully treated cases).
(10) Kupathya of Samyak-vant (drugs or measures unfavourable in successful cases).
(11) Dushta or Atyanta-vant (signs and symptoms of excessive vomiting).
(12) Vaman-upadrav (complications of Vaman Karma).
(13) The Adhogat Vyapada of Vaman Karma (i.e., passing of the matter to be vomited out into the lower part of intestines—a complication or bad result).
(14) Treatment of the complications or diseases due to excessive vomiting.
(15) The methods that are to be used before and after vomiting.

Examples showing the efficacy of this Karma in patients treated by me are cases of asthmatic fits in the adults and first stages of cholera where it proved quickly effective.

As examples of the application of the general principles of Therapeutics of Ayurveda the following may be quoted :—

(*a*) *Doshaj diseases*—

(1) In a vatal Prakrit patient, the following are indicated :—

Snehan and Swedan Karma, and Snigdha, Ushna, Madhur, Amla, Lavan-Yukta-Ahar and Aushadha.

"Fats, hot or stimulants, sweet, acid, sour and salt food and medicines."

(2) In Pittal Prakriti patients, the use of ghee, madhur (or sweet), tikta (or bitter), kashaya (or astringent), shital or cooling drugs and food, Harmya-nivas.

(3) Shlaishmal Prakriti patients—Teekshna, Ushna, Sanshodhan or Vaman; drugs and diet of Rooksha, Katu and Tikta classes.

(*b*) In the diseases of the Dhatus (Rusa, Raktadi) or tissues of the body, different karmas and suitable classes of drugs and Ahar Vihar are to be used. Take an example of the diseases of the Rusaj variety—

(1) In Rusaj diseases, Langhan or Aptarpan Karmas and Drabyas are indicated.

Various kinds of drugs and methods according to proper indication can be used in diseases of the remaining Dhatus also, such as

(2) Raktaj or blood diseases.
(3) Mansaj or muscular diseases.
(4) Medaj diseases or diseases of the fatty tissue.
(5) Asthij or bone diseases,

and so on.

(*c*) In the same way diseases of the Vega-varodha class, suitable measures or food and drugs are indicated. Examples of the Vega-varodha classes may be mentioned here, as they are not yet recognized as an important group of diseases by the other medical systems. If any evidence is required, let the persons who suspect the truth try the causes of these diseases on his own body.

Diseases arising from—

(1) Retention of urine.
(2) Retention of feces.
(3) Retention of eructations.
(4) Stoppage of the act of sighing.
(5) Prolonged control and stoppage of thirst, hunger, sleep (i.e. allowing no drinks, no food and no rest).
(6) Stopping the natural movements of the body, etc.

So far, we have dealt with the medical method of treatment all included briefly under the Snehadi Kriyas of the Tarpan or Aptarpan class. The Tarpan Karmas are Snehan, Stambhan, Bringhan; the Aptarpan class includes Rookshan, Swedan and all Langhan Karmas of the Samshaman and Samshodhan classes.

III. Shastra Karma (methods of surgery) is the third main method of treatment of the Yukti-path or rational nature. They are controlled by methods given below :—

(1) Chedan.
(2) Byedan.
(3) Byadan.
(4) Daran.
(5) Lekhan.
(6) Utpadan.
(7) Prachanna.
(8) Seevan.
(9) Ishan.
(10) Kshar.
(11) Jalouka, etc.

It is impossible to deal in detail Shalya-Shastra or surgery with reference to the principles and methods of Shastradi Chikitsa or treatment. However, to show that Ayurvedic methods of treatment are based upon some principles, and are scientific and rational in character, a brief reference is made in the following lines :—

The origin of the name Shalaya-Shastra is based upon Shalya which implies 'motion' (foreign).

Shalaya or foreign matter may therefore be regarded as the cause of surgical diseases. Salhya is either (1) Sharirik-Shalya or (2) Agantuk Shalya.

Sharirik Shalya. Its examples are--Hair, nail, etc, Dhatoo, Unnammal, Dushta Dosha.

Agantuk Shalya, which cause pain in the body in a way contrary to that of the Sharirya Shalya.

Shalya Gati or movement of Shalya (1) Urdhwa or upward (2) Adhah or downward (3) Arwvachin, (4) Tiryak, (5) Riju.

Signs and symtoms of Shalya for diagnosis—
(1) Samanya or general.
(2) Visheshik or special.

Sites or location of Shalya (for diagnosis) and indications of treatment.

Skin, muscular tissue, veins or other blood vessels, bones, joints and body cavity.

Nature of Shalya—(1) Avavadha and anvadha general treatment of Shalya :--The three chief parts of Shastrakarm are—

(1) Purvkaram or preparatory method.
(2) Pradhankaram or principal method or treatment.
(3) Pashchatkaram or after-surgical procedure.

Shalya Haran or removal of the foreign body. The methods of doing it are two—

(1) Pratiloma or removal of shalya by the same route by which it entered the body. It was used for Arvachin Shalya or superficial Shalya.

(2) Anuloma or its removal by another passage. It was used for Prachin or deep-seated Shalya or substance that caused local or general pain.

Pradhan Karma have already been stated on the last page under Shastra-karam.

Removal of the Shalya of the Avadha kind was done by various other methods such as : (1) Swabhav, (2) Pachan, (3) Bhedan, (4) Daran, (5) Piran, (6) Pramarjan, (7) Nirdhampan, (8) Virechan, (9) Prakshalan, (10) Achooshan, (11) Vaman, (12) Pratimareh, (13) Pravahan, (14) Ayaskant, etc.

General anæsthesia in the removal of Shalya was used by the Ayurvedic surgeons in the past. Dead fœtus, which is an example of Shalya, was removed from the womb after giving the woman certain medicines which rendered her unconscious and not feel the pain.

For various diseases and methods of treatment see text books.

(7)

PANDIT TRIAMBAK SASTRI VAIDYA, BENARES.

1. (*a*) Our theory of disease is based on three humours of the body त्रिदोष (वात, पित्त, and कफ). The harmonious working of these three humours means health and vice versa.

This theory is disturbed by (1) time and its variations, (2) irregular activities of the senses and (3) the physical organs. Generally speaking, anything beyond the established habit disturbs this harmony, which means disease.

Owing to the innumerable variations of these three दोष and their particular spots in the body the number of diseases is also unlimited.

(*a*) As to the test of the modern scientific criticism, I myself am not in a position to answer the questions, not having studied the modern science. But I am so convinced of the truth of this theory that I, without immodesty, may say I am prepared to meet any adverse criticism.

(*b*) A physician had to find out (1) the causes of the diseases (हेतुनिदान), (2) symptoms prior to the disease (in the incipient stage) पूर्वरूप, (3) symptoms of the disease रूप and (4) aggravations and ameliorations (उपशय and संप्राप्ति).

First he must remove the causes and, taking into consideration the totality of the other four, he should decide the exact variation in the त्रिदोष denoted by the symptoms. Having done this, it will be easy for him to prescribe for his patient (I need not say that our materia medica is also based on this त्रिदोष theory).

(*c*) I am an old practitioner of this place. I have not kept any record of my patients, but I may say that many patients, particularly sufferers of chronic diarrhœa, dropsy, asthma, dyspepsia, etc., who had tried the allopathic system without success were cured by me.

On this point my suggestion is this. There should be a hospital having two different wards, one allopathic and the other Ayurvedic. Sufferers from various diseases should be treated in them and the physician of the one should watch the cases of the other. This will afford a good opportunity for the comparisons and perhaps the world will be gainer from this.

Q. 3. There is an Ayurvedic dispensary and school at Benares and is under my supervision. This was established only last year and hence I am unable to put forward my opinion based on the data gathered in the same.

Generally speaking, there are at present no Ayurvedic public hospitals or dispensaries in this country. I think there is a great need of this. There are only private practitioners. Educational institutions are practically non-existent. Students learn from private practitioners. I think there is a great drawback. Good educational institutions with hospitals attached should be established. There should be particular facility for teaching botany, biology and anatomy. The modern Ayurvedic practitioner has little direct knowledge of the various herbs and plants described in our books. If this want be removed, our system and humanity will be greatly benefited.

The useful points in both the systems should be utilized by both the Allopathic and Ayurvedic practitioners without regard to the systems. Modern Physics, Chemistry, etc., should be the next stage of study after the thorough completion of the text books of Ayurvedic system.

By registration of indigenous practitioners, society and science no doubt will be greatly benefited. But this will not be possible until facility is provided for the proper education and examination of the student.

Delhi.

(8)

HARIRANJAN MAJUMDER, M.A., BHISHAGACHARYA, DELHI.

Q. 1. I propose to deal with the Ayurvedic (ancient Hindu) system of medicine.

Q. 2. (*a*) The human system is an epitome of the whole universe. As the whole universe is regulated by the equilibrium of wind, heat and cold, and disturbed by the loss of that equilibrium, so the human system remains all right so long there is equilibrium of the three humours, viz., Vayu, Pittam and Kapha of the system (Vayu representing wind, pittam representing heat and kapha representing cold of the universe) and becomes subject to diseases whenever there is disturbance in the equilibrium of those humours. According to our system when the multifarious external causes coming in contact with one, two or all the three internal causes (i.e., the humours vayu, pittam and kapha) excite one, two or all of them, they pervading the system pollute one or more of the Sapta Dhatus (viz., lymph chyle, blood, flesh, fat, bone, marrow and semen) in a particular way to cause a particular disease. To clear it up I wish to put an example. If excessive exposure to heat of the sun (which is an external cause) coming in contact with the internal cause pittam excites it, then it pervading the system pollutes lymph chyle (one of the Sapta Dhatus) in a particular way to cause bilious fever. Similarly, two or three humours together may be excited and may cause several other diseases. Bacteria or germ, which are the causes of the diseases according to the Western theory, can be put under the category of our external causes. As for example, the malarial germs entering our system excite some of the internal causes (i.e., humours) which in turn cause the malarial fever. Hence the direct and the immediate cause of the diseases are the excited humours and not the germs. By nature all these humours remain together in a subtle form pervading the whole system. There are certain particular qualities of every one of these humours. If any external cause, possessing one or more of these qualities, comes in contact with the human system, the humour, possessing those similar qualities, is excited and the disease is caused. As, for example, the sun is hot. If a man exposes himself to the excessive heat of the sun, then the particular humour, i.e., Pittam, possessing the same quality heat, is excited and the disease is caused.

(*b*) *The principles and methods of diagnosis.*—There are five different ways of diagnosis. (1) If a patient suffers from Pandu-roga (i.e., bloodlessness) the physician should ask him whether he was in the habit of eating soil. If the answer is in the affirmative, there remains no doubt for a physician to diagnose the case to be one of Anæmia. Hence the cause gives the clue to the diagnosis. (2) Before the diseases are fully developed, indications of certain pre-symptoms occur to differentiate a particular disease from others. They may be translated as pre-symptoms. Whenever any difficulty arises to distinguish between two different diseases possessing similar symptoms, we are to consider the pre-symptoms of those diseases which generally differ. Hence in these cases pre-symptoms give the clue to the disease. (3) Every disease has got its particular symptoms. When they occur, we diagnose it to be that particular disease. (4) When certain symptoms of a disease remain obscure, the difficulty arises as which of the two diseases the patient has been suffering from. In that case the physician considering it to be a particular disease should administer a particular antidote to that disease. If that gives relief, then the physician is regarded to have diagnosed the disease. If that aggravates the symptoms then the disease surely becomes the other one of the disputed two. (5) The last way of diagnosis is to see how a particular humour has been excited, what Dhatu has been polluted and in what way both the humours and the Dhatu have been mixed up. For, the peculiar and particular mixing up of the exciting humours and the polluted Dhatus gives rise to a particular disease. This may be called the Etiology of the disease.

The principles and methods of treatment.—There are certain diseases which can be removed on administration of antidotes (in the shape of food, medicine or conduct) which are contrary in character to the exciting causes (i.e., humours). Here if the cause is removed, the effect (i.e.,

disease) is gone. (2) There are some which can be removed on administration of specific antidotes (in the shape of food, medicine or conduct) which are contrary in character to the diseases. Herein we are not to consider which of the humours has been excited. (3) There are others which can be removed on administration of antidotes (in the shape of food, medicine or conduct) which are contrary in character to both the causes (i.e., excited humour) and the disease itself. Herein selection of the antidote depends on the consideration of both the cause and the disease. (4, 5 and 6). There are other three forms of treatment wherein the antidotes (in the shape of food, medicine or conduct) are similar in character to (1) the causes, (2) diseases, and (3) both the cause and the diseases, but act in an opposite manner. If I have to dilate on this topic by means of examples I shall have to write many pages. So I give here only the principles and methods of diagnosis and treatment.

(*c*) As to the general efficacy of the treatment there cannot be any dissentient voice. During my experience in treatment about 12 years, I have tried several diseases with success. Even in the case of Malaria, I have been successful with our medicines. I have got no bias for any system. Every system is good in its own way. Efficacy and superiority should be found out in the physicians and not in any particular system.

Q. 3. (*a*) I have been working as a House Physician (Ayurvedic department) in the hospital connected with the Ayurvedic and Unani Tibbia College, Delhi.

(*b*) I am not well-informed of other institutions of India. But our institution was started not with the orthodox idea of sticking only to the indigenous systems, but also with the object of engrafting and assimilating what is good in the Western sciences. It is still in its infancy. No doubt it will require sometime to bring into operation all the details of the aims and objects of our institution. But it promises to fulfil our hopes in the near future. (1) Although medical relief given at present is not adequate, still as soon as all the sides of our institution will come into working order, there will be adequacy of medical relief, and (2) as soon as the above conditions will be satisfied, the said institution will be suitable as a centre of medical education.

(*c*) I think there does not exist at present sufficient provision for medical relief and medical education on indigenous lines. To meet the ends the following are essential in my opinion. (1) Establishment of pharmacies for the preparation of standardised medicines, (2) establishment of a network of hospitals for the treatment of in-door and out-door patients, (3) bringing up of a set of well-trained vaidyas to serve in the aforesaid hospitals, (4) securing of the copies of all the texts which were taken away to the countries like England, Germany, Tibet and other places and a thorough search of others from all the available sources of India, (5) proper diagnosis and use of all the medicinal plants, minerals and metals and other materials, (6) re-writing of our original texts (which are generally in concise form) in full details in order to give vivid idea of all the principles to the students, (7) delivering of learned lectures in spite of only going through the texts, (8) Curriculum of studies should be divided not by books but by the subjects. To meet this object preparation of books on respective subjects are essential, and (9) amalgamation of what are good and useful in the Western medical science.

Q. 4. (*a*) I fully share the view that the essentials of medical training are three put in this question. Had the energies of our much respected founder of our institution (viz., Hakim Ajmal Khan Sahib) not been diverted to other activities of public life, it would have attained the ideal (indicated in this question) by this time. However, we hope to attain our objects in the near future.

(*b*) No doubt the above ideal is too high for want of funds and real and able workers. Substitution of any other ideal will only jeopordize the spirit of the original ideal described herein. If your Committee are really in favour of doing justice to the indigenous systems, they should not even think of any intermediate ideal in order to start with.

Q. 5. I cannot fully agree with the views of the Calcutta University Commission. I cannot even think of rejecting any theory or theories—which have been doing immense good to the suffering humanity—merely on the ground that they do not stand the test of the existing science. When they are bestowing visible boons, they should be regarded as truths. It will be the duty of the scientists to investigate and to bring those truths to modern light. We should not raise our enraged hammer for the purpose of effacing them from the face of this earth. Human knowledge and human reasoning are limited. So we cannot boast of knowing every truth pervading the whole nature. If in any day materialism of the West merge into the spiritualism of the East, then the distinction between Indian and Western systems of medicine will disappear. No doubt development of modern Western science will help us a good deal, but we will never think of becoming perfect so long as we shall not cultivate the culture of spiritualism in us.

Q. 6. I fully agree with the view that the curriculum of studies of indigenous medicines should include a study of modern scientific methods in all its branches. For they will help us to understand the truths laid down in our system to a considerable extent.

(*a*) There should be two courses of studies, viz :—

(1) Higher and (2) Lower.

(1) In the Higher course elaborate knowledge of Physics, Chemistry, Biology, Anatomy, Physiology, Pathology, Bacteriology and Surgery will be essential side by side with the elaborate

knowledge of the Vedic system of diagnosis and treatment. The students, acquiring the full knowledge of the subjects indicated above, will be regarded as graduates fully qualified to manage hospitals of the town.

(2) In the Lower course an elementary knowledge of the aforesaid sciences and an elaborate knowledge of the Vedic system of diagnosis and treatment are essential. The students, possessing these qualifications, will be Licentiate Vaidyas fully qualified to take charge of dispensaries of the rural areas. The graduates in order to become masters should submit thesis on new matters, and the masters, in order to become doctors, should submit thesis of a special character to the Board of Studies selected for the purpose.

(*b*) For the Lower standard a student should have qualifications equivalent to the present Matriculation examination and for the Higher standard he should have qualifications equivalent to the present I.Sc. standard.

(*c*) The Western scientific books should be taught in English, so long as the faithful translations of those books are not available. The Vedic matters should be taught through the medium of the vernacular of every province for the present.

Q. 7. The question of medical registration can only then come in when we will have sufficient number of passed vaids in our standard of examination.

(*a*) Competent practitioners can be admitted into the medical register on recommendation from an independent Registration Board.

(*b*) I am not fully acquainted with the existing legislation on medical registration.

Q. 8. The comparative cost of treatment according to Vedic system will be substantially less than that required according to the Allopathic system. Our Vedic medicines are cheap. Only the Tantric medicines are costly. The combination of both the Vedic and Tantric medicines are essential for the treatment of patients in a vedic way. Even in that case the cost becomes comparatively less. All the plants, minerals, salts and other ingredients are available in our own land and the cost of preparing compounds does not become very great.

Q. 9. (*a*) With the advent of foreign rulers our system lost recognition from the State. (*b*). Old practitioners of the Ayurvedic system and not the original exponents, were very selfish not to record the fruits of their experience and results of their successful experiments. But it is a matter of glory for the Ayurvedic system that it has survived all the destructive causes and has yet been able to show its merits to the world. The system may be revived to its original lustre, (1) by recognition from the State, (2) by active searching out all the lost books and manuscripts, (3) by establishments of colleges, hospitals and laboratories for experimentations and investigations, (4) by preparation of books in scientific ways, (5) by original researches.

Q. 10. (*a*) The State should give the initiative by starting a model college and a model school in the metropolis of every province.

(*b*) The local boards may establish medical schools in every district to turn out vaidyas for rural areas.

(*c*) The Universities should play their parts in the same ways as they have been doing at present with regard to the medical colleges and schools.

(*d*) If the Government recognition is obtained, the private agencies will surely start independent colleges and schools with the growing necessities of the people.

I should apologise for sending these replies after a long time. The works in my hospital as well as some home affairs pressed me so hard that I could not make time to prepare those replies at an earlier date. Whatever I have done at present I have done very hurriedly. May I, therefore, ask you to excuse me for the delay I have made. There will no doubt be many defects and shortcomings in these replies. But I have got so much consolation in my heart, that these are being sent to liberal personages who are generally inclined to overlook defects and to accept reasonable matters if there be any.

(9)

(1) JANAB HAKIM MUHAMMAD KABIR-UD-DIN SAHIB BAHADUR, DELHI, AND (2) JANAB HAKIM A. MUHAMMAD ABDUS SALAM SAHIB BAHADUR, EDITOR, 'THE HAKEEM AND VAIDYAN', MADRAS (ENGLISH TRANSLATOR OF THE URDU EVIDENCE OF No. 1).

Q. 1 I propose to deal with indigenous systems in general and the unani system in particular.

Q. 2. (*a*) Before I enter into the field (of discussion) of the theories of causation of diseases according to the unani system, I think it necessary to pause for a while and to ask the alleged scientific critics to kindly enlighten me as to the historical origin of their system and to trace the circumstances under which it has attained its vigorous youthful growth and is being considered with pride as far superior to the unani system. May I therefore crave permission to present to you a cursory outline of the history of the origin of the allopathic system?

It is a pity that the practitioners of the allopathic system dazzled by the splendour of new instruments should (in their ignorance of other systems) deem the sacred and time-honoured unani system as barbaric and unscientific. Words fail me to convince you that the same ancient

unani system is not only the holy progenitor of the allopathic system but is the system which has fondly nurtured it, so that the latter has attained the state of a beautiful and blooming young maiden charming enough to hypnotise the allopaths.

I can say without fear of contradiction that the allopathic system is virtually and fundamentally the self-same unani system which accompanied the progressive Muslim rule to the ignorant and uncivilized continent of Europe and made a convert of the whole of Europe; and for long its illuminating rays lighted every nook and corner of that continent.

Can Europe alter the history of its medical science? Can it forget the times when European students derived instruction in their medical colleges for centuries together from the self-same honoured unani books which they were then hugging to their bosoms and which in Arabic find a place to-day in the syllabus of our medical colleges? Is it not a fact that the students and savants of France designated the Qanoon (the Canons of Avicenna) 'the key of knowledge and wisdom'? Are not the dogmas and theories of Aflathoon (Plato), Bukhrath (Hippocrates), Arastu (Aristotle), Jalenoos (Galenus), Ibn Rushud (Averrhoes), Zakaria Razi (Rhazes), Shaik Abu Ali Sina (Avicenna) even now given a place of honour and prominence? Do not the best brains of Europe spend their time and energy in pondering and experimenting upon their honoured utterances?

The history of medicines shows that when the tide of the triumphant march of the Muslim monarchs swept over the continent of Europe rendering fallen Spain the seat of the Khilafat, the science and art of medicine followed in its wake and flooded the whole land, and that for long the magnanimity and liberal-mindedness of the Muslim monarchs served to dispel the ignorance and darkness pervading in that land by the torch of their own learning which brought in its train the blessings of material prosperity as well as of science and art.

Then followed the inevitable reaction (common to all earthly institutions) as a result of which the Muslim empire (one enormous in its size) gradually decayed and crumbled, and its boundaries shrunk to the nucleus round which they have grown. With the disappearance of material prosperity, the torch of Muslim science and art faded like an expiring candle and the great centres of learning with which they were lighted became dim and lost their name and fame. It was now the turn of the Europeans who had attained considerable skill and scholarship under the learned Arabian and Muslim professors to rekindle the expiring torch of learning. The sciences and arts thus received a fresh stimulus and reached the zenith of their perfection what with inventions and improvements. No wonder that the unani system developed itself into such a blooming and embellished (healthy and vigorous) maiden (institution) that to-day the allopaths hardly discern in her (it) her (its) old characteristics and features. It is rather difficult for them to believe that their present system is the old unani system attired in the new garb (of accumulated experience). The appearance of the system in this garb and the ignorance (of the history of its origin) is the cause of many a misunderstanding not only in details but also in essentials. Even the most biassed votaries of the Western science cannot deny the historical truth that their system is, in essence, its unani progenitor to which time has made new contributions changing its features to a certain extent.

All evidence therefore points to the allopathic system being the transformed unani system. Can any sensible man, in the circumstances, declare the unani system to be crude and unscientific? If (out of ignorance) he does so, should he not be deemed to indirectly attack the (basic) principles of his own system?

Now I shall deal with the main questions at issue and pass in review the causes of diseases according to the unani system. The upholders of historical truth maintain that the theories of causation of disease according to the unani system are almost identical with those accepted as a guide by the votaries of the allopathic system and that if at all there is any divergence between the two systems, it is more apparent than real.

The Germ Theory

What distinguishes one system from the other is the germ theory introduced by the Science of Bacteriology but this does not differ in essentials from the theory of humours inculcated by the unani system. The followers of the latter system hold that diseases are caused by the putrefaction of humours and the resultant deleterious matter, while the allopaths contend that diseases are indirectly produced by bacteria and directly by the poisonous matter (toxin) engendered by them. The distinction thus is only in terms, not in substance.

What then is the effect of this verbal distinction on the treatment employed by either class of medical men? Practically none. In neither case, are the basic principles affected by the question of treatment and its results. While an allopath treats a case of influenza on the assumption that the disease is caused by specific germs, an indigenous practitioner tackles it on the hypothesis that it is produced by poisonous matter of an extraordinary or epidemic type. So long as each succeeds in his particular line of treatment, the theory of causation of disease based as it is on not dissimilar premises does not make much difference.

Again the treatment of a case of cholera or of plague proceeds on similar lines, the Western doctor administering such medicines as are calculated to destroy what he believes to be the germs of those disorders and the Hakeem or Vaid calling in aid such remedies as have the effect of neutralising what he terms poisonous matter.

Therefore an impartial survey of both systems ought to reveal the superficial character of the existing differences and the hidden nature of the coincidence of the methods of treatment, the latter being attended with success in each case. A common feature will be found to be that the external symptoms of a disease are examined as closely in one case as in the other though they are traced to the toxin of germs or bacteria by the Western doctor and to vitiated humours by his Eastern counterpart. This being so, emphasis cannot but be laid on the outward symptoms, for once they are attacked according to the views formed either of bacteria or of humours, the diagnosis of internal symptoms follows as matter of course. The success attained in each case is of course dependent on the similarity of the methods employed in treatment and this being the acid test, one system cannot claim superiority over the other, much less call it crude or unscientific.

Matter and Germs

How again does the nominal difference between matter and germs affect the question of symptomology? What perplexities does it give rise to in the method of treatment? In either case the results accord with the aim kept in view, i.e., the destruction of the poisonous matter or the toxin of the germ. The supposed difference between the theories of causation of disease, however, has its origin in the invention of the microscope. Before its advent, only the term 'matter', was being used by Western scientists in describing diseases of various kinds. The microscope has of course revealed the presence of infinitesimal organisms called 'germs' in what was previously termed 'matter' for want of a better nomenclature. If without making use of the microscope, the votaries of indigenous system have necessarily to call the poisonous matter by its original name 'humours', the systems themselves cannot be condemned on that ground. For in spite of the simplicity of their systems, the Eastern practitioners are capable of rendering as much service in the cause of medicine as those who have armed themselves with powerful microscopes, to say nothing of other modern inventions. The fact remains that notwithstanding the amount of labour and energy expended in the search and investigation of 'germs', the factors connected with the treatment of fatal diseases, not to speak of those of an acute character, have not undergone any radical change at the hands of the Western practitioners. Nor have the results justified the expectations formed in all cases. There is, for instance, the world-wide epidemic of influenza which is believed to be of quite recent origin. Taking the Indian systems, its Aetiology and Pathology may be said to be at once meagre and vague and a biassed doctor of the Western school may jump to the conclusion that no mention is made of it in the indigenous systems. Yet the result of the treatment followed by our physicians has not been without its encouraging features. Granting that a microscopic examination of the putrified humours in the case of influenza reveals the existence of specific germs, the possession or otherwise of a knowledge of these germs cannot affect the main question of diagnosis regulating the method of treatment in each case. What again if one designates the source of disease 'germs' or 'humours'?

To illustrate the matter further, a doctor equipped with a microscope traces the origin of human life to the 'Spermatozoa' found in the seminal fluid, whereas the man not so armed ascribes the beginning of life to the fluid called 'Semen'. The difference in terminology points as in other cases to the fact that while the former has descended to details and given the matter a specific name Spermatozoa, the latter has adhered to the basic principles and assigned a generic name to the same matter, namely, 'Semen'.

A similar distinction between 'germs' and 'humours' will be found to exist in other cases so far as the description of diseases is concerned.

The Causes of Disease.

The more we discuss the question of causation of disease, the stronger becomes our conviction that there is not much difference in this respect between the unani and allopathic systems.

To quote instances, the external and internal causes known to the allopathic system have their correlatives in the *Karijia* and *Dakiliah* of the unani system.

The exciting and predisposing causes recognized by the allopathic system find their counterpart in the *Asbabi Vasil* and *Asbabi Sabique or Muvid* of the unani system.

The allopathic system ascribes certain diseases to heredity among other causes. We too have a long list of such diseases, the comprehensive term *Amraz-i-Muthavarisa* indicating the same source.

If, in the allopathic system, blows and wounds are grouped under mechanical causes, the same ailments are classified under *Asbabi Tafriqa* in the unani system.

If again the disturbances due to heat, cold, lightning, thunder and other atmospheric changes are included under physical causes in the Western system, the same are merged in *Asbabi-Mizajia* in the Eastern system.

Just as the European system makes use of the term 'chemical causes' to denote the origin of disorders brought on by the improper use of poisonous drugs such as opium, nux vomica, arsenic, croton, harmful acids and tinctures, organic and inorganic, the term *Asbabi-sumiya Keemiavi* describes the cause of similar distempers. In fact there is a whole chapter devoted to Toxicology in our medical books.

The allopaths trace most, if not all, the diseases to the toxins produced by the supression of the biliary secretion, the retention of urine and the accumulation of indigestible matter, such toxins being termed endogenous poisons. This does not take us far from the theory of humours or putrified matter on which is based the unani system. Thus if the several causes known to both the systems are carefully analysed, they will be found to agree in essentials, though not in phraseology.

If the allopaths, after a deal of experimentation with germs, have come to lay stress on infection as a prolific source of disease, we too have from time immemorial recognized its potency, the term *Udwa* connoting contagion in our vocabulary. Had not Plato, Hippocrates and Galenus a list of contagious diseases in their own time?

So much for the agreement between the two systems traceable to the identity of their basic principles. Coming to details however the parastic causes tend as already stated to separate one system from the other. In the diagnosis of diseases we concern ourselves only with such disease-producing parasites as can be seen with the naked eye, whereas the allopaths add to the list of such parasites by making new discoveries with the aid of the microscope. In view of the rapid advance made by the Science of Bacteriology germs have been found in those diseases in which there was not at first the least trace thereof. It is not therefore beyond the bounds of possibility that bacteria should be discovered even in such diseases as are now considered to be immune from them. Seeing that the disorders which were once thought to be free from germs have later on been traced to their presence and that additions are being made to their number from time to time, it is not fair on the part of the allopaths to condemn old systems merely on the ground that they do not make mention of bacteria in the terms known to themselves.

It will therefore serve no useful purpose to discuss the correctness or otherwise of the germ theory on which the Western system is based, so long as facilities for a practical study of this theory are not within the reach of the Eastern systems. Given public and private patronage and necessary facilities for research and experiment, we too are bound to proceed on the same lines and arrive at identical results thereby wiping off the nominal distinction that at present exists between the occidental and oriental systems. If through their vast resources the allopaths have found it possible to reach the goal earlier, it is none of our fault; for as long as patronage is withheld from us, things must be as they are.

The germ theory, forming as it were the dividing line between the Western and Eastern systems, does not after all affect the question of treatment of diseases and it is here that the indigenous medicines play an important part, having proved their efficacy and utility in spite of the vicissitudes of ages from the point of view of health and economy.

Long live the indigenous systems which continue to serve the needs of this vast continent, be the difficulties what they may!

(*b*) Again I have to say that allopathic system being founded on the unani system the principles and methods of diagnosis followed by that system is more or less identical with those recognized by the unani system.

PRINCIPLES OF DIAGNOSIS.

The following category of synonyms as applied to symptoms of diseases is illustrative as to what has been said of the identity of principles :—

(1) Premonitory or precursory symptoms : *alamathi munzira.*
(2) Direct or endopathic symptoms : *alamathi zathia.*
(3) Indirect or sympathetic symptoms : *alamathi shirkia.*
(4) Local symptoms : *alamathi muqamia and khasa.*
(5) General constitutional symptoms: *alamathi ama and badania.*
(6) Subjective symptoms : *alamathi shaqsia.*
(7) Physical or objective symptoms : *alamathi thabia.*
(8) Pathognomonic symptoms : *alamathi masqasa.*

There are of course certain terms in the allopathic systems for which it is difficult to find corresponding epithets and vice versa. The following are examples of terms which are foreign to the allopathic system :—

(1) *Alamathi jowharia.*—Symptoms that signify a change in the form of an organ.
(2) *Alamathi arzia.*—Symptoms that connote a change in the size of an organ.
(3) *Alamathi thamamia.*—Symptoms that indicate a deviation from the normal functions of an organ.

METHODS OF DIAGNOSIS.

The main difference between the two systems is accounted for by the use of the newly invented instruments. To ascertain the temperature of the body or to determine the strength of the heart's beat, we feel the patient's pulse, whereas the allopaths have recourse to the thermometer for the same purpose. In one case the result is based on experience and hence approximate, while in the other it assures definiteness in view of the confidence induced by the thermometer. The difference of temperature due to the different methods employed is not after all appreciable being not more than a degree in practice. On the other hand a patient exhibits slight differences in temperature when examined with the aid of thermometers of more than one make. Thus even thermometers are not free from the defects that are inherent in a system where the art of feeling the pulse plays so important a part. These defects do not however materially affect the methods

of treatment. In spite of this fact, we neither deny the utility of the thermometer nor object to the use thereof. But the point we wish to emphasize is that, if at present we do not have such instruments to rely on, the same was the case with the allopaths in by-gone days and that, if the modern medical school has realized its need, we too are ready to adopt it.

Similar remarks apply to the use of stethoscope. Just as the allopaths have not hesitated to incorporate the best features of other systems in their own, we too should be allowed to embody in ours the corresponding features of other systems. In spite of such occasional adaptations the use of indigenous medicines will be found to be the main characteristic that distinguishes the Eastern from the Western system.

Our methods of diagnosis are based on the examination of—

(1) Pulse : We have continual recourse to this method of diagnosis, for the heart is affected in many diseases leaving its condition to be determined by the pulse which has direct connexion with it. In this respect both the systems agree.

(2) Urine : As in the allopathic system, the examination of urine in our system helps us to diagnose the state of the kidneys, liver, digestive organs and blood. But we have our own terms to designate the various phenomena disclosed by such examination.

(3) Fæces : Like the allopaths we examine the form, colour, consistency and odour of the fæces with a view to trace the causes of certain diseases.

(4) Internal organs : By palpation and percussion, by their causing pain and enlargement we diagnose the diseases of the liver, spleen, stomach, intestines, heart and lungs as is being done by the allopaths.

(5) Description of disease : Our medical books give a complete account of every disease such as is to be found in the treatises of the other system. In them we find mention made of the differential and pathognomonic symptom which forms the basis of our diagnosis.

(6) Tongue : We examine the tongue to see whether it is coated or not, such examination enabling us to learn the condition of the blood and digestive organs.

(7) Lips, teeth, throat and tonsils are also examined with a view to the diagnosis of diseases.

(8) Saliva : We base our diagnosis on the quantity and quality of saliva, its taste and consistency. The changes in taste also serve as an index.

(9) Hunger and thirst : These desires also help the diagnosis of diseases by their moderation or otherwise.

(10) Respiration : The frequency and odour of the breath is also a determining factor in our system.

(11) Vomit ; The nature of the vomit likewise becomes a guide in the diagnosis of diseases.

(12) General condition : We also take into account the condition of the hair, the colour of the body and its organs, the leanness or otherwise of the constitution, the excretions of the body other than urine and fæces such as tears, pus, perspiration, etc., the amount of sleep enjoyed, the mental state of the patient, his physiognomy, his dreams and the pains felt in the different regions.

It is now pertinent to ask which of these methods are unscientific. As to the question whether or not our diagnosis is correct, we had better rely on the practical results of our treatment rather than waste time over arguments based on the ignorance of the Eastern systems. The very fact that these systems enjoy extensive public patronage in spite of the lack of Government support is indicative of their inherent virtues. At present there exists no provision whatever for a systematic study of the oriental systems and the free distribution to the masses of the medicines prescribed by them ; yet the systems survive on account of their potent efficacy. Had the case been otherwise, no nation would blindly submit itself for centuries together to what are regarded as coarse methods of treatment at the risk of precious lives.

Methods of Treatment.

Before dealing with the methods of treatment of the unani system, I should like to make a few observations on those employed by the allopathic system. Empirical treatment and rational treatment form at present the two main divisions of the allopathic system. If, in spite of the much-vaunted scientific advance, empirical methods are not wholly absent from the allopathic system, is it justifiable to call the other systems unscientific merely on the ground that the latter rely more largely on empirical treatment ? It is a principle recognized by the allopathic system that what is deemed empirical to-day may prove rational to-morrow. Let us then continue the use of indigenous medicines to which centuries of experience have accustomed us. To the allopaths these methods may seem empirical but like them we may be able to prove their rationale if we are afforded necessary facilities. For example, the use of mercury in cases of syphilis was considered to be empirical by the allopaths who none the less were benefited by it until its rational basis was established by research. Given therefore favourable conditions, it is more than possible that we too will be able to find a rational basis of our remedies.

Proceeding further, in the unani system are to be found three methods of treatment—(1) medical, i.e., *Ilaj-bа-dawa*, (2) dietic and climatic, i.e., *Ilaj-ba-giza vo-hawa*, (3) hygienic, i.e., *Ilaj-ba-tadbeer*. To the above may be added the palliative treatment, i.e., *Ilaj-bith-thakfeef*. It is presumed that the Western system also recognizes some such classification. The allopathic treatment as distinguished from the homeopathic treatment aims at producing such conditions in the body as are antagonistic to the disease with which it is affected and thereby effect a cure. If this is deemed to be a scientific principle and the same principle is observed by the unani system, what justification is there for declaring the latter to be unscientific ?

Modes of Administering Drugs.

(1) The bulk of our medicines are administered through the mouth to admit of their being absorbed by the mucous membrane of the stomach or intestines. Under this category fall aqua (araq), syrup (sharbath), oxymel (sikinjabeen), powder (sufoof), pill (hab), decoction (joshanda), infusion (keesanda), tablet (kurs), confection (majoon), oil (roghan), mucilage (luab), extract (rub), linctus (layook), conserves (murabha), oxide (kushtha), kameera (a kind of confection).

(2) We make use of gargles, tooth-powders, lozenges, sprays and collutoires in the affections of the mouth, teeth and throat.

(3) We press the enema into our service whenever necessary.

(4) We have recourse to snuffs, inhalation and insuffalations in diseases of the nose, larynx and lungs.

(5) We employ oils, ointments, pastes, paints and fomentations for external application.

(6) We bring into use the syringe, bougies and collyria in the diseases of the nose, bladder, urethra, vagina and eyes.

(7) Besides the above we avail ourselves of emetics, diuretics, diaphoretics, purgatives, emmenagogues and blood-letting by means of lancet and leeches whenever necessary. It must be observed that blood-letting is not now much in vogue.

The above facts point to the close similarity that exists between the two systems in the matter of administering medicines. It may be remarked however that injection of medicine are not in vogue in the unani system. If this method is universally recognized to be free from defects, we too shall adopt it. At present there are a host of eminent western doctors who are against the injection of medicines.

Reason why our Indigeneous Medicines are Efficacious.

(1) Our medicines are prepared mainly from the products of the country in which we are born and bred and no wonder that they admirably suit the Indian temperament.

(2) The drugs and compounds we use are based on the experience of centuries and this is why much reliance is placed on them. All these have been experimented upon the people living in the Tropics while the medicines imported from Europe have been tested on the men residing in cold regions. To quote an illustration, the maximum dose of quinine mentioned in the allopathic materia medica cannot be taken by an Indian patient without producing untoward symptoms although it may suit a resident of Europe. Both observation and science prove that in cold countries the animals are endowed with a strong body and thick skin covered with hair or wool as a protection against the rigours of cold. The lesson to be derived from this phenomenon is this. Diseases which are congenial to a particular soil are offset with cures out of the same soil. I have heard of a herb in Simla or Kashmir which on touch produces pain similar to that produced by the sting of a scorpion but nature has provided an antidote for this in another herb which grows around the one which causes pain.

(3) We largely avoid using poisonous drugs. In cases in which this cannot be helped the drugs are purified with a view to lessen their potency so far as the poisonous effects are concerned. The allopathic system on the other hand has recourse to poisonous drugs in a greater degree especially in the form of tinctures and alkaloids thereby intensifying their potency in relation to poisonous effects. For example, we use nux vomica after soaking it in water for a long time, imbedding it in flour and boiling it in milk in succession whereas the allopaths extract out of it strong poison, viz., the alkaloid strychnine and use it. The result is that although the allopathic system takes credit for the instantaneous effects of its drugs, it is not free from the risks attendant in the use of medicines of powerful potency. Our medicines, on the other hand, though slow to operate are certain in their effects. What is more, they are entirely free from dangerous after-effects. It is just possible that the diagnosis happening to be wrong, the use of powerful medicines may lead to fatal results. Much as we value the need for instant relief in the case of a patient, we prefer to cure his ills step by step and thereby avoid the risk of endangering his precious life. This is the principle underlying the use of poisonous drugs in a purified form. In the course of a casual discussion with regard to the merits of the unani system, a doctor-friend once said to me : " Brother, to be candid, it is very difficult for a patient to recover who has been mishandled by us." As I understand the statement, once the poisonous effect of medicines come to stay in the system, it is very difficult to eradicate them.

(4) The efficacy of our treatment can otherwise be demonstrated by observation and experiment. Let the Government spend as much money on the Indian systems as they do on the allopathic system; let them provide colleges for turning out efficient and capable men of the one system as of the other; it will then be time to prove by statistics how many have been benefited by the Indian systems and how many by the allopathic system by reason of the patronage extended to each.

To conclude, the real cause of the retrogression of the Indian systems is to be found in the callous indifference of the State towards them. In the circumstances our systems do not deserve to be called crude or unscientific. If the State desires that the systems should make real progress let it ensure this by granting facilities, not by creating difficulties. Let the State make provision for enabling us to open colleges and to found hospitals for systematic study. Let our status be improved to enable us to bring research to bear on our theories and to make such additions and improvements thereto as may be found necessary. Failing this, the State must take early steps to extricate from the clutches of the so-called unscientific Indian systems millions of those who at present do homage to them. In the circumstances the inanition of the State cannot but be deemed inexplicable.

I can affirm with certainty that many a time have the indigenous systems of treatment resulted in miraculous cures when the allopathic system has ended in failure. This is a matter which has come within the cognizance of both doctors and hakeems. The reasons are the same as those mentioned above.

Q. 3 (*a*).—I am a professor of Anatomy in the Tibbia College, Delhi.

(*b*) The existing indigeneous institutions with the exception of the Tibbia College, Delhi, are far from satisfactory, from both standpoints. We are not provided with a sufficient number of medical colleges wherefrom efficient hakeems and vaids can be turned out or of hospitals and dispensaries wherein the students can be trained in clinical methods and regular practice of medicine. The authorities of the Delhi College itself are aware of the leeway they have to make up in both respects and are bent on organizing it on up-to-date lines.

I am of opinion that the indigenous systems deserve for their spread the same encouragement as is afforded to the allopathic system and for this purpose it is essential that not only medical colleges should be opened but they should have hospitals and dispensaries attached to them and that apart from such combined institutions every city, Kasba (station) and Thasil (taluk) should have a hospital or dispensary managed by capable and efficient practitioners.

(*c*) The existing provisions for medical relief and medical education are as stated above insufficient if it can be said to exist at all. The remedies are the same as those already suggested, viz., State patronage and the opening of colleges and dispensaries. As in the case of the allopathic system, Madras might form the neucleus of a college for the imparting of indigenous medical education with a sufficient number of local and muffasal hospitals and dispensaries designed on similar lines.

Q. 4 (*a*).—

(1) Most certainly! This requires no argument to support it.

(2) Exactly so! None can dispute the proposition that medical education if it is to be scientific and thorough should enjoin the use of well equipped hospitals, laboratories, libraries and museums to the fullest extent.

(3) Quite so. This ideal has not been attained in Madras or any other part of India; but the Tibbia College, Delhi, hopes to be able to attain it in the near future being much in advance of other institutions. I need not say much about this since the Secretary of the Committee has come all the way from Madras and visited the college while at work. The main deficiency of the college hitherto has been the lack of provision for dissection work but the difficulty has since been got over by the weekly supply of two dead bodies for purposes of dissection.

(*b*) The abovementioned ideal cannot be considered too high, since a course of medical study which does not include the above essentials is only a misnomer.

I think that this is the ideal to be ultimately attained and for that reason to be kept in view from the outset and that it will suffice for the present if students are deputed to the Delhi College which for all practical purposes is self-contained. The arrangement might terminate on due provision being made for effective training in the City of Madras itself.

Q. 5.—I do not concur with the view of the Calcutta University Commission in its entirety. While I do admit that such theories as cannot stand the test of experiment may have to go, on no account can the use of indigenous medicines be dispensed with? Granting also that the theoretical differences between the two systems do disappear in course of time, the use of indigenous medicines on a comparatively large scale will continue to be the dividing line between the one system and the other.

Such harmony as is possible can only be reached after a discussion of controversial points by a committee composed of the votaries of the two systems. It is essential however that those selected for the purpose should be men of acknowledged ability and deep learning who have made a comparative study of both the systems. Otherwise no useful purpose will be served by the constitution of such a committee.

Q. 6. I entirely agree with the view that the curriculum of studies of indigenous medicine should include a study of modern scientific methods if it is to keep pace with the present-day requirements. Care should however be taken to gradually introduce the subjects of study so that the students may not be handicapped by a heavy curriculum. It is equally necessary that the terms and nomenclature used should be translated so as to appear in their native garb (Urdu) without any admixture whatever of English or Latin. The experience of the Delhi College has been that so long as foreign Anatomical and Physiological terms were adopted the students did not take to them readily as evidenced by the way in which they fared in the examination but as soon as corresponding Urdu terms were introduced there was a marked change for the better in the interest evinced by the students both during study and examination. Perhaps there may not be enough of Urdu books to supply all the wants of the students in this respect but the time is not for off when the deficiency will be made up in view of the help being rendered by the Delhi College whose constant endeavour is to remove these and other disabilities.

COURSE OF STUDIES.

At the commencement it is not desirable to have progressive standards corresponding to those of the allopathic system. After passing through successive trials, the Delhi College had adhered to only one standard and this should suffice for the present. The course of studies of the Delhi College extends over a period of four years as under :—

First year (1).—Anatomy: Bones, ligoments, muscles and dissections, (2) Medicine (principles) Moojazul Qanoon (Urdu), (3) Physics, (4) Chemistry.

Second year (2).—Anatomy and Dissections (to be completed), (2) Physiology (full course) (Another year may be allotted if necessary), (3) Medicine (principles) and Hygiene; Nafeesi (translated), (4) Materia Medica (principles) Nafeesi, (5) Biology.

Third year (1).—Materia Medica and Practical Pharmacy (Action and Therapeutics), Nafeesi, (2) Medicine (Treatment) Sarahi Asbab, Part II up to fevers, (3) Bacteriology, (4) Surgery, (5) Attendance in the Hospital, the medical and surgical wards and the out-patients department and practical training in Medicine and Surgery.

Fourth year (1).—Medicine (treatment) Sarahi—Asbab, Part I and the book on fevers by Avicenna, (2) Surgery, (3) Midwifery and attendance in Hospital as in the third year.

(*b*) I have already stated in the beginning that there should be only one standard for the whole course of four years. For the preliminary qualification a knowledge of Urdu of the School-final grade should be insisted on and preference given to those who have in addition obtained proficiency in Persian and Arabic.

(*c*) The medium of instruction should be Urdu; for in that language have been translated several standard works on medicine not only from Arabic but also from English.

Q. 7. I am for extending medical registration to Indian systems in due course, for such a step if taken at present, will retard their progress, facilities for turning out of the requisite number of practitioners being practically non-existent. Reform must therefore wait the emergence and spread of such men. As matters stand medical registration will prove suicidal to the best interests of the indigenous systems. It has to be borne in mind that the Medical Registration Act did not come into existence until the increase in their number and the area of their distribution warranted such a step.

Q. 8. It is a patent fact that indigenous drugs and medicines being of Indian origin are much cheaper than similar articles imported from Europe. Apart from the cost of collections the foreign drugs have to undergo expensive chemical processes and then they have to pay transport charges, railway and steamer freight, customs duties, making in all a heavy toll of charges. How can these medicines then be expected to be less costly than indigenous medicines? For example, when we can use nux vomica after a simple process of purification, the allopaths have to rely on extract of nux vomica and its alkaloid (strychnine) got after a complicated process. What costs a few annas means much more to the allopaths.

Q. 9. The causes of decay of the indigenous systems are—

(1) lack of medical institutions where a systematic training can be given in these systems;

(2) absence of hospitals and dispensaries where what is taught can be put into practice.

These steps necessarily involve a heavy initial and recurring outlay requiring State patronage for their realization. The present system of acquiring book knowledge without any practical training whatever serves no useful purpose. Unless the Government take speedy steps for the establishment of indigeneous medical colleges, hospitals and dispensaries for the purpose of affording both theoretical and practical training, the indigenous systems will remain in a backward condition without any possibility of revival.

Q. 10. The same means may be adopted for fostering and promoting the indigenous systems by the agencies concerned as have proved successful in the case of the allopathic system.

Punjab.

(10)

HAKIM JAGAN NATH HADIABAD.

I beg to submit to you herewith the answers to a list of questions sent to me with your office letter No. 932-1 S., dated 28th April 1922.

Q. 1. I have to deal with the unani system of medicine as practised in India.

Q. 2. Before the description of such theories, the "disease" should necessarily be defined.

(*a*) The "disease" (مرض) according to the principles of unani system, is the manifestation of the disturbed functions of one or more than one organ of the human body.

This functional disturbance originates with any cause either in the body itself called خلطي ـ مادي, or the cause existing outside the body called غير مادي. The latter cause may be one or some of the following causes:—Injury, unusual cold, unusual heat, unhealthy climate, poisoning, mental excitements, and mental depressions, although these causes generally upset the bodily functions in the same way as the intro-genous causes (خلطي) do, yet for the sake of distinction these are termed غير مادي. Both the causations غير مادي and مادي give effect to the production of a poisonous matter (مادہ غير طبعي ـ مادہ موذي) of a known or an unknown nature in the body; this poisonous matter being not beneficial to the bodily development and assimilation is not incorporable but at any cost is to be got rid of from the tissues. The managing forces of the body (طبيعت مد برہ بدن) struggle to discharge it through any suitable channel. The struggle is sometimes very hard, painful, and bloody, and sometimes very slight and negligible, with the appearance of various symptoms, which we call generally the symptoms of a disease.

The principles of the above explained theory are so correct and sound that the modern scientific criticism can hardly affect them.

(*b*) The diagnosis of a disease according to the unani system is generally made with the consideration of the following facts:—

(1) The morbid organ.

(2) The atmosphere and climate.

(3) Acuteness and chronicity of the disease, its crisis, course, infection and non-infection.

(4) The position of the patient he assumes, his hunger, thirst, sleep, disposition, facies, his calls, age, sex, blood, sputum, urine, feces, skin and family history.

As for the treatment, it is based on the fact that the disease is actually an outcome of the struggle of the bodily mechanism to get rid of the injurious matter (مادہ موذي) produced in the tissues; the physician has it his duty to assist and support the bodily tissues to combat and reject the harmful matter; the assistance, on the part of the physician, is offered in various ways in the form of treatment, as by—

Rest, enjoyment, massage, suitable climate, emetics, purgation, perspiration, diuresis, venesection, cupping, leeching, fasting, hydrotherapy, heliotherapy, specific medication, and the necessary surgery.

Such a treatment proves generally efficacious. The reliable figures, as the Unani physicians are not in the habit of keeping record, are not available, yet the general popularity and strength of this treatment is evident from its acceptance by the majority of the people of the country.

Q. 3. I am connected with the All-India Tibbia Unani and Ayurvedic Conference, Delhi, as one of the executive members of the Standing Committee of the Conference.

(*a*) The Committee guides all the institutions in connexion with the indigenous systems.

(*b*) Tibbia College, Delhi, is a good central institution in India giving education in the indigenous systems of medicine; with a support from the State it can promise to meet nearly all the requirements for such training.

Q. 4. (*a*) Such an ideal is attainable in the present state in the above said College at Delhi; and the answer to 1, 2, 3, is positive.

(*b*) The ideal is not too high for the present; it is attainable with every satisfaction and easiness.

Q. 5. The view of the Commission is, to some extent, correct and sound, but such an ideal can be attained with liberal-mindedness; both the systems be made to embrace, once more, each other intimately. The Indian systems should be recognised by the State, the professors of each system may exchange their views, so that the sound and healthy principles may be collected and moulded into a uniform system for the good of the human being.

Allopathic system, to tell the truth, has a common origin with the unani system, the anatomy and physiology of both the systems contain dozens of technical terms which originate in the old Greek language and give a clear clue of the common origin; Colon, in unani Kolon

كولن Chyle, in Unani كيلوس Kalôos Chyme, in Unani Kamoos كيموس Melancholia, in Unani Malakhalia ماليخوليا Mania, in Unani Mania مانيا Cornea, in Unani Kornea قرنيه Bulimia, in Unani Boolimoos بوليموس Diaphragm, in Unani Dyafragma ديا فرغم and other such terms give a good story of their past. Since the invention of the microscope and discoveries of various chemical methods, the Allopathic system adopted quite a different course. With these new methods, although the Western system has made a brilliant progress, yet in course of this high speed omitted and practically lost several indispensable and golden principles of the old Unani system. The principles of crisis (بحران) lined out by the Unani authors serve a good guide for watching the course of the specific fevers, and other acute diseases accompanied with pyrexia. Fasool Bukrati (فصول بقراطی) and Rasala Kabaria (رساله قبريه) contain very solid and sound principles for the general diagnosis of the diseases, but it is a pity the Allopathic system lost all these gems in haste, and is not able, as yet, to regain them. Chemical methods could not afford a prompt help to the western system, several useful drugs have not been handled, as the chemistry tells nothing of them. Cassiae Pulpa (عسل خيار شنبر) produces a marvellous effect in lowering down the temperature of the fevers, though the doses may be small, and no purgation produced, yet the febrifugal effects are certain and experienced in daily practise; the western chemistry and Allopathic systems tell us the drug is merely a purgative. The chemistry and other methods in Allopathic system tell us little of the effects of Nux vomica in syphilitic affections, but the Unani physicians benefit the syphilitic patients daily with the use of a well-known compound of this drug named Majoon Azalakee (معجون اذراقی); the Nux vomica being half of the whole mixture. There are numerous valuable drugs of whose character the western physicians are still ignorant; and they can have the chance of gaining several good things from the hands of the Indian physicians in the case of an actual association with them.

Q. 6. The Curriculum of Studies of Indigenous systems should necessarily include a study of modern scientific methods connected with the medical science.

(*a*) The progressive standard may be proposed with the addition of the word 'Unani' as L.U.M.P., L.U.M.S., M.U.D., etc.

(*b*) The period of the study should be the same as for Allopathic study, and the preliminary qualifications must not be lower than the standard of Matriculation.

(*c*) The medium should be Urdu or Hindi, or if possible the vernacular of the province.

Q. 7. The extension of the Medical Registration Act to Indigenous Systems of Medicines would better the position of the physicians of good ability and skill.

(*a*) The physicians having the qualification of Matriculation, or Munshi Alum (منشی عالم) and Munshi Fazal (منشی فاضل) and having a constant and regular practice of the profession for more than 15 years may be considered and confirmed as qualified practitioners, and a limited number be elected from amongst them for the formation of Registration Board which may be given the power of admitting other competent hands.

The standard of qualification cannot be fixed until a special revised curriculum of the study be published under the supervision of a joint committee.

(*b*) The legislation on Medical Registration can be changed or amended accordingly.

Q. 8. The difference in comparative cost of the medicines in Western and Indian systems is not a thing to be taken into account.

While one medicine for a disease comparatively in one system is cheaper, the other medicine in the same system is comparatively very dear.

No doubt a large number of herbs of much value in indigenous systems is obtainable for use, without the expense of a single pie, but not is the case with all the drugs in use.

Q. 9. No standard of qualifications for the professors of the Indian systems was fixed by the State, nor these systems were recognized by the State, hence the progress stunted.

For the progress it is an essential thing to recognise the systems, and to encourage the able and experienced men in the profession. The books of the Indian systems be revised by a joint committee of all the systems, unnecessary material in the books be eliminated, and sound principles be accepted.

Q. 10. The State can do much good for these systems by adopting the—

(1) Measures mentioned under item (9).

(2) The local boards can help these systems by the appointment of able men in charge of the dispensaries of Indian medicine, and by the production of the liberal funds for the publication of the graphic treatises on these lines.

(3) The universities may encourage the able men by granting honorary degrees to them, and by publication of the up-to-date books on these systems.

The physicians may be allowed to attend the medical libraries and other institutions connected with the medical science.

(4) Individuals can make donations.

(11)

Sjt. MELA RAM VAIDYA, M.A., M.L.C.P.S.

Q. 1. Ayurvedic.

Q. 2. (*a*) Disease is caused by—

(1) *Internal causes.*—Admission into the system of harmful matters capable of causing diseases, through the agency of food, water, air or otherwise; taking of food unsuited to time, occasion, climate, etc.

(2) *External.*—Breaking of hygienic laws with regard to all matters except diet.

I cannot say how far the above stands the test of "modern scientific criticism" unless I know what "modern scientific criticism" precisely signifies. I shall be glad if it is explained to me.

(3) Disease is diagonised by some or all of the following methods :—

1. Seeing the patient,
2. Touching the patient,
3. Hearing the patient's description of his troubles,
4. Examination of the patient's urine.

Treatment consists in administering to the patient internally or externally or both ways, as considered advisable, a single, compound or a mixture of medicines in proper form or ways required for it in each case. The medicines prescribed are such as are known to have the property or properties of curing the particular disease and the various complications existing therein or likely to be created in near future.

My own views are that the general efficacy of my treatment is very satisfactory. In proof of this however I am unable to give facts and figures, as I am not, for want of time, able to maintain and record statistics of my work of treating patients. I can, however, furnish a general proof in support of my views in the shape of a very large number of unasked testimonials given to me by various patients, of almost all sorts of diseases both acute like Cholera, Plague, Influenza, etc., and chronic like dysentery, ague, diabetes, etc. I do not enclose these with this reply, but will be glad to furnish the same to the Committee if required.

I have no special views on this as I never had the occasion of viewing other systems from such a standpoint. I can however say so much that the system that I profess is generally very efficacious.

(*a*) I have no connexion with any but my own private medical practice which is hereditary to me from seven generations.

(*b*) I do not consider the existing institution of indigenous systems to be satisfactory with regard to—

1. Adequacy of medical relief provided,
2. Suitability of Centres of Medical Education.

Regarding (1) The reason in my opinion is that indigenous systems are practised by private agencies alone, unaided by Government or local boards, and such agencies are comparatively fewer than Allopathic contemporaries and being financed by individuals, cannot provide adequate medical relief in the face of Allopathic institutions supported by Government.

Regarding (2) I do not think there exist any suitable schools or colleges for the study of indigenous systems and such as there are, are defective in various respects. Private tuitions where received or given is also generally unsatisfactory. This is one of the main reasons why very few people can go in for this profession. As a matter of fact, this profession has become limited practically to men who inherit this and are thus in a favourable position to study the system at home. Fresh enterprise in the line is very rare.

Q. 3. In my opinion, the present provision of medical relief and medical education on indigenous lines is insufficient. The only measure that I would propose is that properly instituted schools and colleges where both theoretical and practical education on indigenous lines be given should be opened; and to encourage admission to such schools and colleges, certain privileges in the beginning should be provided. There should be public hospitals of indigenous systems supported by local boards and Government in towns and cities, and as a matter of fact everywhere where at present medical relief on Allopathic lines is administered. This would open a line of Government service as well in the indigenous medical profession and would attract capable and educated young men to the profession.

Q. 4. (*a*) I consider that the three things in the questionnaire are essential for proper medical training. Regarding 3 my idea is that the college institution should be in big cities where these should have public hospitals attached to them and professors of various subjects in the college should be on the staff of the hospitals, so that apart from literary developments they may have excellent chances to specialise in their particular branches of medicine and surgery by practical treatment. I do not consider that the ideal is attained or is attainable in any of the existing institutions but I have no hesitation in saying that such is attainable in institutions that may be opened to attain the ideal with reasonable financial support.

(b) I do not consider that the above ideal is too high and I consider that it can be given effect to immediately, provided reasonable encouragement is provided to attract people to this profession.

Q. 5. I do not agree with the views of the Calcutta University Commission that a unified system of medicine is desired by the numerous adherents of indigenous systems, nor do I consider such a unified system to be practicable. The theories of the causation of diseases and their treatment seems to be widely different in the eastern and western systems both of which stand the test of actual observation and experiments in their respective situations. I do not think it strange that both systems are correct but surely they are different and cannot be unified, my idea therefore is that the ideal should be to revive the eastern system in its own place and not to establish a unified system.

Q. 6. The complete indigenous Ayurvedic system of medicines does include all the branches of science mentioned in the questionnaire which should necessarily be studied by those preparing for this profession.

(A) (B) (C). The complete course of study should be divided in three progressive standards as below :—

(1) Vaid.
(2) Rajvaid.
(3) Vaid Bhushan.

(i) Candidates with Pragya, or with Matric certificate with second language Sanskrit should be admitted to this standard. The course of study should extend over two years and should comprise the study of—

(1) Madhav Nidhan.
(2) Niganth.
(3) Sharangdhar.
(4) Rasgranth.

(ii) *Rajvaids.*—Candidates with Visharad certificate or with F. A. certificate with second language Sanskrit should be admitted to this standard. The course of study should extend over two years and should comprise the following :—

(1) Sharirak (Sushrut).
(2) Chikitsa (Charaka).
(3) Surtasthan (Bhag Bhat).
(4) Rasgranth.
(5) Madhav Nidhan.
(6) Niganth.
(7) Bhav Prakash.

Qualified vaids with not less than two years practical experience should be admitted to the final examination of this standard as private candidates.

The medium of instructions in both (I) and (II) above should be Hindi.

(iii) *Vaid Bhushan.*—Candidates admitted to this standard should either be Shashtris with Matric certificates or B. A. with Sanskrit second language. The course of study should extend over three years with a fourth year of practical training in which a certain training period allowance should be given to the candidates. The final examination should be held after the close of the third year and in this examination admission should be allowed to qualified Raj Vaids who would have passed the Raj Vaid standard at least three years before appearing in the Vaid Bhushan degree. No training allowance should be allowed to those successful private students but they should be admitted to the training year during which period they should be at liberty to practise as Raj Vaids. The medium of instructions in this standard should be Sanskrit. The course of study should comprise the following :—

(1) Shushrut (complete).
(2) Charaka (complete).
(3) Bagh Bhat (complete).
(4) Ras Granth (complete).

Q. 7. Extension of medical registration to indigenous systems of medicine is essential to protect the really qualified practitioners against quacks. The advertisers and sellers of all varieties of medicines of indigenous systems should also be included. A proper registration board should be formed. A reasonable standard of capability should be drawn up and only such of the existing practitioners of indigenous system as satisfy the Board to be up to it should be registered. Efforts should be made as far as possible not to overthrow any existing practitioner unless he is really worthless and harmful. As about the sellers of medicines either the persons preparing such medicines should be registered medical practitioners or the particular medicines that they sell should bear certificate from proper medical authorities of the Board to the effect that the medicine or medicines sold are prepared on correct indigenous lines and are bona fide indigenous remedies.

Q. 8. I consider that cost of treatment in the indigenous system is less than in Allopathic for reasons given below :—

(1) Most of the Allopathic medicines are prepared in foreign, generally European, countries, where cost of labour is higher than in India. This makes the preparation there more expensive.

(2) Freight duty, damage in transit, and middleman's profits are levied on the medicines that come to India thus raising their cost.

(3) According to the taste of richer people in Europe the medicine-makers try to acquire a high standard of excellence in outward form, in packing and in other contingencies which do not effect the real value of the medicine but evidently raise its cost.

(4) Richer people in Europe can afford to pay more for a medicine which through extra refining has been made more palatable to taste, and this is constantly aimed at by European medicine makers, evidently at extra expense; in India people naturally tolerate to take the medicine in its crude form more or less unpleasant to taste and sight and thus save the cost of refining it, which in many cases adds little to its original curative properties. This is the reason of cheapness of indigenous medicines.

(5) Medicines prepared in India are sold in any quantity required by the patient, while most of the foreign medicines cannot be had in less than a certain definite quantity in which it is packed by the maker and whether it does or does not suit the patient afterwards, he has paid for a full phial, bottle, or box as the case may be and if another medicine is then prescribed the same procedure repeats itself.

(6) Indigenous medicines are prepared generally by the practitioners of the systems themselves who generally sell it at very little above their cost price.

Q. 9. The causes of the decay of the indigenous systems are—

(1) Non-support of the State.

(2) Absence of proper facilities to receive and give medical education.

(3) Lack of faith in these systems of the people influenced by the western education.

(4) Inability of the practitioners of the system to prevail upon the masses and show to them the efficacy of the ancient systems for want of proper financial resources.

(5) Non-existence of any registration or licence to practice. This has prompted many a daring and skilful quack to advertise and sell medicines prepared from anything and every thing, whether it comes within the Pharmacopoea of the systems or not and consequent harm done by such preparations to various consumers of these shattered their faith, erroneously of course, in the system instead of in the man who is responsible for the harm done.

To revive these, I would suggest what I have detailed in my replies to questions 3 (*c*), 6 and 7.

Q. 10. (*a*) The State should divide the total budget grant for medical relief into two heads 'Western system' and 'Eastern system' and until such time as the Eastern system has revived and come on a parallel footing to the Western or Allopathic, a major portion of the Government grant should go to the former. When both systems come on a similar footing, careful statistics of the medical relief provided, its success and cost should be kept of the two systems. These will afford the State a chance of viewing the system on a common plane and will permit a good chance of comparison of the two.

(*b*) The local boards should do exactly what the State should do.

(*c*) The university should open a faculty of the indigenous medicines and conduct the various examinations suggested by me in reply to question 6 above.

(*d*) Private agencies can help the cause by taking to the study of these systems and by becoming either medical practitioners or chemists to prepare the various medicines and to sell them. In saying this I mean that I know various practitioners who are competent to prepare, but cannot prepare various medicines of the system for want of either time or funds or both, so if capitalists and men of business come into the sphere, proper pharmacies could be established where everything could be had ready prepared according to the book and other prescriptions of the various systems.

(12)

Bombay.

VAIDYA APPA SHASTRI SATHE, BOMBAY.

Q. 1. I am an Ayurvedic Physician and I mean to deal with *Ayurveda.*

Q. 2. (*a*) 'Ayurved' means the knowledge or science of *Ayu.* 'Ayu' means the combination of the material body, the five senses together with the mind, and the *Atma.* Out of these three, the *Atma* is unchangeable in itself by any cause, either external or internal, and does not take part in changing of anything. The material body and the five senses together with the mind are subject to change, and when there is such a change in them as to cause a feeling of pain in the Atma on account of its association with them, it is called disease. The body and the senses contract disease in two ways; either (1) by some internal cause as the प्रकोप (aggravation) of the Doshas, or (2) by some external cause, as falling from a tree, beating, etc.

Now we shall consider the first way of contracting disease, which is really the chief theory of the Ayurvedic system of causation of disease. To understand this theory it is necessary to know what is a *Dosha.* Ayurveda is a follower of the *Six Darshanas* in saying that the whole universe is composed of the five elements, viz., पृथ्वी, आप, तेज, वायु & आकाश. Every material thing is made up from these five. Consequently the human body is also made up of these five elements. The Ayurvedic Acharyas for their convenience in diagnosing and treating diseases evolved the theory of त्रिदोष (Tridosha) from these five elements. They grouped together the portions of *Akash* and *Vayu* in the *living body* and called them *Vata,* the portion of

Teja they called *Pitta* and the portions of *Apa* and *Prithvi* they grouped together and called *Kapha*. The terms, Vata, Pitta and Kapha they never use except in connexion with the living body. When these three Doshas are in proper order, the living body continues to be healthy, but when they get deranged, they produce disease, and if not promptly attended to, cause death.

The materials in the universe, being composed of the five elements, when inserted into the human body in proper proportions in the form of food, etc., if well digested, add to the portions of the five elements in the body. The materials having predominantly the properties of Akash and Vayu, add to the *Vata* in the body, those having predominantly the properties of *Teja* add to the Pitta of the body and those having predominantly the properties of *Ap* and *Prithvi* add to the *Kapha* in the body. When a man takes any food, it enters the mouth, there goes through the process of mastication, and then enters the *Amashaya*. There it is acted upon by Kapha and made fit for the action of Pitta. Then it enters the Pittashaya, is acted upon by Pitta and is separated into the life sustaining Rasa and the refuse called *Malamutra*. The *Malamutra* leave the body by their respective outlets, and the *Rasa* (i.e., the extract of the food) begins to circulate. There are seven *Dhatus* (viz., **रसरक्तमांसमेद्अास्थिमज्जाशुक्र**) in the body, each of them having its own inherent *Agni*. When the Anna-rasa in its circuit comes in contact with the Dhatus, they take from it the necessary ingredients for their growth and assimilate them by means of their Agnis. When the Anna-rasa is made up of materials having the properties of the five elements in more or less than the required proportions, the Vata, Pitta and Kapha in the Anna-rasa are either increased or decreased and such Anna-rasa the seven Dhatus cannot properly assimilate and some portion remains unassimilated. This unassimilated portion of the Anna-rasa now receives the name of *Ama* and produces derangement in the Doshas, inordinately increasing some, and decreasing others, according to its composition. The Doshas which are aggravated, if not properly attended to, become wild, spread in the body and taking hold of some definite part produce disease. This is about causation of disease through internal agencies. The chief among such agencies being *Ama*, disease in general has received the name *Amaya*.

Diseases are also contracted without the Doshas being deranged in the beginning. When any of the five senses are brought in contact with their objects in an excessive degree, not at all, or in an extraordinary manner, they (i.e., senses) themselves become diseased, and sometimes cause disease to the other parts of the body also. The same is the case with the mind. It is influenced by sudden attacks of grief, fear, joy and such other feelings.

Another external source of disease is the different kinds of hurts, resulting in wounds, fractures, etc.

Some diseases are inherited from parents.

Some diseases are caused through diseased or poisonous articles of food and also by poisonous climate.

In all these cases of externally contracting disease, a disease like a wound or fracture is first generated on account of the immediate external cause, but afterwards, on account of that very disease the bodily Doshas may get deranged and cause other diseases.

This in short is the whole Ayurvedic theory of the causation of disease.

Modern Scientific Criticism.—In the first place I would point out that any appreciable amount of knowledge of the modern sciences should not be expected from Ayurvedic physicians. Yet, since the question is put, I place my views before the Committee. According to Herbert Spencer, one of the greatest scientists in England, science is a 'systematic and accurate knowledge' of any subject. Accordingly Ayurved must be acknowledged to be scientific. The ayurvedic works, such as *Charaka*, *Sushruta*, etc., will stand the test of the above definition. System and accuracy will be found in every one of them. In testing the accuracy, we must, of course, make allowance for want of the modern means such as microscopes, etc., during those days.

All the modern sciences take cognizance of matter and do not attach much value to the spirit, while the Ayurved gives primary importance to the spirit and secondary importance to matter. The modern scientists even go to the length of saying that in the near future they hope to explain life by means of the various processes of chemistry and physics. The Ayurved holds that from the time of germination up to the full development of the whole body, the growth is due to the presence of the spirit and not simply to the chemical and physical processes. Our theory is 'life begets life'. Under these circumstances it would not be proper to view the Ayurved from the standpoint of modern sciences.

We do not know whether the Ayurvedic theory about the causation of disease will stand the test of modern scientific criticism. But it has been proved by experience that the causes, mentioned in Ayurved, of producing various diseases do produce those particular diseases under the required circumstances. At that time there being no such instruments as are now available to modern scientists, they may not be able to prove by actual demonstration the intermediate processes. For all practical purposes they found it sufficient to know the result of the various causes, no matter what the intermediate processes are.

In *Madhava Nidana*—one of the most respected of Ayurvedic works—we find that the author, while proceeding on the basis of Tridosha, had, it seems, an idea of the various systems of the body. The diseases of the intestines, the lungs, the kidneys, the brain, the skin and so on, have been dealt with in separate groups. This arrangement of diseases somewhat coincides with

the *systematic* arrangement of the Western Medical Science. This I have mentioned by the way. But I hold that the therory of Tridosha, besides being reasonable, is the most convenient, easy and useful in the matter of diagnosis and treatment.

(*b*) निदान (Cause of the disease), पूर्वरूप (Premonitory symptoms), रूप (Symptoms of the disease), संप्राप्ति (Mode of its attack, the proportion of derangement of the three Doshas, etc.) and उपशय (—dietetics, etc., which subside or aggravate the disease) are the chief tests of the Ayurvedic system of Diagnosis. Every disease must be diagnosed by subjecting it to each of these five tests. In applying these tests Ayurvedic physicians take the assistance of the five senses and of the information obtained by enquiring of the patient and his attendants.

The Ayurvedic method of treatment of diseases consists in (1) avoiding the cause of the disease, and (2) administering such medicines, etc., as will bring the deranged Doshas to their proper condition and also counteract the disease itself.

When there was Cholera Epidemic at Parel (Bombay) in 1918, the Deccan Volunteer Corps of which I was then the President, had opened two charitable dispensaries: one Ayurvedic and the other Allopathic. The Allopathic dispensary was in charge of Dr. Madan, L. M. & S., and the Ayurvedic one was managed by Vaidya Patvardhan. There it was found that the proportion of the patients in the Ayurvedic dispensary was six times as that in the Allopathic dispensary. Not only was the number of patients who visited the Ayurvedic dispensary great, but the percentage of recoveries in the Ayurvedic dispensary was much in excess of that in the Allopathic dispensary.

Again under the auspicies of the Debt Redemption Society in Bombay, a dispensary was started in the Servants of India Society's building where Vaidyabhusan Ganesh Shastri Joshi used to dispense Ayurvedic medicines in the morning and Dr. Desai and others used to dispense Allopathic medicines in the evening. There also the number of patients treated by the Ayurvedic method was far higher than that treated by the Allopathic method and the percentage of recoveries by the former was also in excess of that by the latter.

(*c*) I hold the view that the Ayurvedic system of medicine is more efficacious than the Allopathic system in जीर्णज्वर (long standing hectic fever), संग्रहणी (sprue and dysentery), and many other chronic diseases.

The evidence in support of the above statement can be well adduced by Doctors. Dr. R. H. Bhadkamkar, M.D., and Dr. M. G. Deshmukh, M.D., of Bombay, when they find Allopathic medicines unserviceable in जीर्णज्वर, (hectic fever) etc., after continued administration for many days, are known to resort to Ayurvedic medicines such as गुडूचीसत्व, प्रवाल, etc., with success. Dr. Garde of Poona used to cure chronic संग्रहणी (sprue and dysentery) by administering पर्पटी. The late Dr. Annasaheb Patvardhan of Poona—he died only a few years ago—used to cure many chronic diseases with Ayurvedic क्वाथः and in the articles that were written on him after his death in the Kesari and other newspapers special mention was made about this fact and many persons will still be found who would bear tesimony to it.

Q. 3. (*a*) As regards medical relief, I am connected with the Deccan Volunteer Corps which starts free medical dispensaries at the time of influenza and cholera epidemics, and as to medical education, I worked for some time as Professor of Ayurvedic medicine in the Prabhuram Ayurvedic College and at present I give lectures on Ayurvedic Materia Medica in the Marathi Vaidyak Varga (i.e., Marathi Ayurvedic Class).

(*b*) The existing institutions are not satisfactory from the standpoint of adequacy of medical relief provided, or of suitability as centres of medical education, for two reasons, viz., (1) want of funds, and (2) encouragement. If funds were available and State encouragement were given a sufficient number of well-equipped Ayurvedic dispensaries would be started by Ayurvedic physicians and the existing institutions of Ayurvedic education would improve and new ones would be started.

(*c*) This question is answered above [(vide 3 (*b*)].

Q. 4. (*a*).
(1) Yes.
(2) Yes.
(3) Yes.

The ideal can be attained in the near future if State encouragement and the necessary funds become available. There does not seem to be any so-called institution at present in which this ideal is attained. There are a few individual Vaidyas who by themselves make good the want of such institutions and turn out a few good Vaidyas.

(*b*) I do not think that the ideal is too high but for the present the existing Vaidyas who teach students should be subsidized so that they may be able to do their work more efficiently and may not have to give a go-bye to many necessary things for want of funds.

Formerly such Vaidyas were centres of medical education. They used to reside at the capitals of the then existing kingdoms and used to teach a number of students. They at that time got every assistance from the State and themselves made good the want of efficient Universities. The students coached up by these Vaidyas used to establish themselves at other places where they thought the want of medical relief was the greatest, and in their turn formed distinct centres of education. The Kings and rich people of those days used to give support to these Vaidyas and they utilized that support in giving relief to the needy and in preparing new Vaidyas. If that system were revived, I think, it would encourage and improve medical education and provide adequate medical relief.

Q. 5. No.

Q. 6. Chemistry and physics are not able to analyse properties of many substances. They find no difference in शंखभस्म, मौक्तिकभस्म or शौक्तिकभस्म while Ayurvedic physicians have been successfully using them as different medicines on different diseases. Surgery is already an integral part of Ayurveda. Of the other sciences, I can simply say that they are not a necessity.

Q. 7. The Medical Registration Act may be extended to Vaidyas, but the Medical Registration Board must consist solely of Vaidyas. This Board should register duly qualified Vaidyas and the Registered Vaidyas must have equal status with the Doctors everywhere. The Medical Registration Act should be so amended as to make it consistent with the above suggestion.

Q. 8. The cost of Ayurvedic treatment is trifling when compared with that of the Allopathic treatment. The reasons as to why the Allopathic treatment is so costly are that (1) the Doctors undergo through a costly training and therefore charge high fees; (2) all their medicines are foreign imports and are monopolized; so they have to buy them at high prices. The experience during the last War is common to every one. The Doctors had to pay and even now do pay high prices for medicines of daily use such as quinine, santonine, etc. They are not taught to prepare these medicines themselves and have therefore to buy them at exhorbitant rates; (3) the Doctors do not know and also do not care how to make their treatment suitable to the status of the poor people of India. Wherever they go, without regard to the patient's status, they advise the use of only milk for food, and such costly things as ice, ice-bags, Cologne Water, Thermometers, etc. These things are beyond the means of the average lower and middle class people of India; so, sometimes fearing the expense, they prefer to go without treatment. Surgical operations and stay in private hospitals is a luxury which only the rich can avail themselves of.

The case of Ayurvedic physicians is quite different. Their education not being so costly, they can charge less. They prepare their own medicines from indigenous plants and herbs and other ordinary articles got from the bazaar and therefore they can dispense them at a very low charge. The figures of charges for Ayurvedic treatment at the Servants of India Society's Dispensary are astonishing. There on an average for every patient the medicine charges per day amounted to one pice or even less.

The Ayurvedic system is suitable even to the very poor. The food they prescribe is as cheap as their medicines. They do not require ice, ice-bags and thermometers, but they make use of ordinary things of every household with equal success.

Q. 9. The decay of the Ayurvedic system of medicine is due to (1) the withdrawal of State support and (2) establishment of Western medical institutions, and (3) the policy of the State of systematically discouraging, if not completely destroying, the Ayurvedic System.

For my answer as to the question of its revival, please vide answer to question 4 (*b*).

Q. 10. (*a*) The State should amend the Indian Medical Registration Act, give equal status to the Vaidyas with the Doctors, and encourage the present Vaidyas by giving them facilities in the matter of teaching students and providing medical relief.

(*b*) The Local Boards should start Ayurvedic dispensaries and should appoint efficient Vaidyas to manage them.

(*c*) The Universities should take examinations in Ayurveda and give degrees.

(*d*) Private individuals and associations should assist the Vaidyas in giving free medicines to the poor and they should give every chance to Vaidyas for showing their ability.

(13)

Dr. M. G. DESHMUKH.

The Tridosha Theory.

Some points for consideration:—

(1) The human body is composed of numerous cells of various forms performing various functions.

(2) Besides the cells the body contains numerous particles or large molecular masses of matter more or less highly organized that go to form the cells and supply them with material for the exhibition of their functional energy.

(3) Again there are in the body another class of particles or molecular masses of matter being the products of the functional cell activity and the disintegration of the cells.

(4) Thus the body is made up of three classes of molecular masses of matter—(1) one obtained from the food, that constantly enters the body and is prepared to enter into the formation of various classes of cells, that make up the body (i.e., products of anabolic processes), (2) the molecular masses of matter that form the cells of the various tissues and remain so during the period of their functional activity and (3) the molecular masses of matter that are the products of the functional activity of the tissue-cells and the disintegration of the cells themselves (i.e., products of Katabolic processes) and are ready to be thrown out of the body.

(5) The Ayurvedic authors appear to call the first class as Doshas, the second class as Dhatus and the third class as Malas. They say that the body is made up of these three classes of matter.

(6) If the first class is supplied to the body in proper quantity and quality the body remains healthy. Any disturbance in the proper quantity and quality of this material in the body results in disease or pathological condition of the body.

(7) These molecular masses or substances of the first class (Doshas) are present everywhere in the body (vyapi). Their presence in the body in the proper quantity and quality (Samya Vastha) spells health. Any disturbance of this condition (Vikrita Vastha) spells disease.

(8) These molecular masses or organized substances of the first class (Doshas), the Ayurvedic authors divide broadly into three classes—(*a*) the highly organized, very unstable, or so to say, electrically active bodies that are responsible for the formation of brain, nerve and muscle cells and the exhibition of functions of intelligence, sensation and motion; (*b*) the highly organized but less unstable and so to say chemically active bodies that are responsible for the formation of cells of the glandular tissues and the secretion of all sorts of ferments that cause digestion and assimilation and the reversible process of breaking down of spent up cells and (*c*) the less highly organized and comparatively more stable bodies that are responsible for the formation of bone and connective tissue cells entering into the structure of the more stable parts of the body.

(9) These are the three kinds of material bodies (Doshas) that are present in all parts of the human frame, that by their presence in proper quantity and quality cause health and that if present in an abnormal condition cause disease.

(10) Thus the causes of all diseases or pathological conditions of the human body are to be sought in the abnormalities of these three varieties of material bodies (Doshas) that are always present in the human body.

(11) These three varieties of material bodies or organized molecular masses or substances may be called A, B and C respectively or, as the Ayurvedic authors name them, Vatha, Pitta and Kapha, because the first term is indicative of motion or molecular activity of high order, the second of chemical or ferment activity and the third of stability or comparative firmness.

So far for the theory.

Now for its utility in actual practice—

(1) All diseases or pathological conditions are the results of some disturbance in the constitution of the body.

(2) The external impacts of foreign bodies may start some pathological condition or disease at a point in the human system but its spread and development depend on constitutional disturbances.

(3) The constitutional disturbance is the result (1) of accumulation of effete matter in the body (the malas of the Ayurvedic authors) or the improper functioning of the tissue cells of the body (the Dhatus of the Ayurvedic authors).

(4) But both these disturbed conditions of the human body are according to the Ayurvedic system the ultimate result of the improper supply of the building material either in quantity or quality (the Vikritavastha of the Doshas of Ayurvedic authors).

(5) Hence in the treatment of every kind of disease the Ayurvedic system directs its attention mainly to the re-settlement of the disturbed condition of the Doshas.

(6) Any local treatment that may be necessary is only for the relief of the immediate pressing painful symptoms. The ice, the poultice, the blister, the knife, the catheter, the trocar or the syringe may give immediate relief that may be absolutely necessary but the main attention must be directed towards the removal of the real cause (the Vikritavastha of the Doshas).

(7) The Vikritavastha of the Doshas is to be known from the symptoms observed in the affected body. These are minutely studied and stated in detail by the Ayurvedic authors. They divide these into three classes, each of them referring to each of the three Doshas.

(8) A disease may be named according to the anatomical lesion present in it and the knowledge thereof will serve to direct the local treatment of the lesion. But along with the lesion there are always some symptoms suggestive of the disturbed Dosha or Doshas—the main cause of the disease to which the Ayurvedic authors direct special attention of the physician.

(9) The Doshas are derived directly from the various articles of food supplied to the body and the Ayurvedic authors describe each article of food as affecting one or the other Dosha. Hence arises the importance of Pathya-pathya Vichara (the arranging of dietary suitable in the treatment of each disease).

(10) Each article of Materia-Mèdica is also described with reference to its action on one or more of the Doshas and the selection of the drug in the treatment of a disease is made in accordance with its action on the disturbed dosha.

(11) Thus the diagnosis of diseases, the arrangement of dietary as an important part of their treatment and the selection of drugs for their medicinal treatment—all are based on the Tridosha theory which should be verified by experience at the bedside in a large hospital with a sympathetic and searching mind. The experience of the ancient Rishis may thus be added to, amended or rejected in the light of the new and carefully conducted investigation.

(14)

SJT. VAIDYA PANDIT HARI PRAPANNA SHARMA, VAIDYA YADAVJI, TRIKAMJI ACHARYA AND FIFTEEN OTHERS.

That Lord, the remover of Sita's sorrow,
And Master of Ayurveda and Scriptures,
Does humble Hariprapanna Sharma,
Contemplate daily with delight !

In reply to your questionnare, we beg to state that we are prepared to appear as witnesses before your Committee, provided it includes gentlemen who are fully conversant with the Oriental systems of Medicine in their original form, and the majority does not consist of those who know merely Allopathy ; because we believe that the Allopathic and its allied sciences do not and cannot monopolize all knowledge in this world, as is very often presumed directly or indirectly in this country. The wording of the second question is enough to show that the Committee is not prepared to accept the third instrument of right knowledge, viz., Shabda Pramana as authoritative, but would accept only two, i.e., perception and inference. Both these latter are impossible in the case of a child, who has to depend upon the statements of his elders even in accepting the names of things he has never before heard of. If you take the instance of a grown-up rational young man, has he not to consider as true the words of an ordinary teacher ? Much more so is the case with those great Masters of the past who were neither misguiding the world, nor were themselves misguided. Charaka in his Vimana-Sthana, Chapter V, says, ' A shrewd doctor should learn about diseases by (1) the teachings of the authorities, (2) one's own visual evidence, (3) inference.

Q. 1.—Yes, we are ready to deal with both the divisions of Ayurveda, viz., Vanaspatya as well as Rasa-shastra.

Q. 2 (*a*).—The whole universe is made up of 7 categories, i.e., (1) objects, (2) qualities, (3) actions, (4) universals, (5) particulars, (6) aggregation and (7) non-existence.

Of these, the following 5 are the intimate causes, viz. (1) earth, (2) water, (3) light, (4) air and (5) space. Says Charaka (Sutra Chapter 26), " Each object consists of those 5 primordial elements, and it is either sentient or non-sentient." Every thing else consists of concomitant causes. Therefore is this Creation called Panchabhautika, i.e., made up of five elemental substances. Leaving the last of these, i e., space, which is unmodified and all-pervading, we have to multiply the first four by (1) paternal semen, (2) maternal ovum, (3) subtle body and (4) assimilation of external objects, and we get 16 things constituting the living body.

As long as nothing abnormal enters this body, it is said to be in proper health. Of course, in this world we cannot find such an ideal body, because though free from abnormal ailments, each body is subject to what we call natural longings, as hunger, thirst, desire, jealosy, etc.

" Diseases affect the body and mind." Definition—" That is disease, which affects either the body or the mind or both." According to the maxim " An effect is like its cause ", diseases as leprosy, fistula, piles, etc., are due to abnormalities in the four elements constituting the semen and the ovum. Diseases like colic, peritonitis, intestinal obstruction, cholera, etc., are due to vitiation in the four constituents of either the mother's assimilation, or one's own, after birth. This vitiation is called prarabdha and is only inferrable. Thus out of four sons of leprous parents, one gets congenital leprosy, another after a few years, the third still later, and the fourth may escape altogether. Thus we cannot attribute the above differences to any other cause but prarabdha, which is the most potent cause of the vitiation in the subtle body.

Seasonal Incidence.—Now you might ask why this vitiation enters the elements ; we say, it is due to the excess, deficiency or misapplication of time divided into seasons ; for example, a creature that can thrive at a temperature of 110° F., would not thrive so well at a temperature below it. This is called Heenayoga. Thus the threefold combination of intellect and the objects of senses (sound, touch, form, taste, smell), affects the twelve constituents of semen, ovum and the things assimilated. Owing to any change in their normal functions, the latter become modified, and this is what is called disease, while the normal working of time, intellect and objects of senses is called health (Charak, Sutra, Chapter I). This is in short our theory of the causation of disease. To give an ordinary instance, as long as the materials of a house, as grass, timber, bricks, etc., keep in good condition, the house is said to be strong and durable, but as soon as the materials begin to rot from any cause, it is said to be decaying. This is the state of things to be found everywhere under the Sun.

Now we are very much grieved at your words "How far your theory or theories stand the tests of modern scientific criticism": we beg to say very modestly that the moderners cannot even comprehend our theories of causation and the modes of treatment. They are changing their ground almost every year by refuting the old theories, and experimenting, each according to his own whims, upon poor creatures, without any proportionate gain to anybody. Is it this that deserves the name of science? Our idea of science is that it should be a storehouse of incontrovertible, universal knowledge which holds good for all times—past, present and future. Please examine your own pharmacopœia of a hundred years ago and see how vastly it differs from the present one, and is still undergoing further mutilations. Is this science, or a mere compendium of ascertained and unascertained facts? The facts well-ascertained in our ancient books thousands of years ago, have never been disputed, and can never lose their ground, being nothing short of absolute and universal truths.

By enquiring whether our theories can stand the tests of modern scientific criticism, you are perhaps hinting at our Tridosha theory, wrongly translated as the theory of three humours. Well, it is difficult to grasp its true nature without working at it for some time, but for your edification, we are placing it before you in bare outlines.

As stated above, the five great elements (Tattvas) enter into all creation as intimate causes; of these the last one, i.e., space, being universal and unchangeable, is beyond our present consideration. Of the remaining, Vayu being more potent and important than others, retains the same appellation (in our triad of Doshas) from the root va—to blow, to move, to smell; and as the causal sense is often understood, it means 'that which causes to move', or the principle of motion and energy and sensation, of every cell in the body. The second Dosha, viz., pitta is the principle of heat, being derived from the third element Agni, as all life depends upon certain degrees of heat. It comes from the root pa—to protect, or Pach—to cook, to digest, or Tap—to heat, and its function is to cause the digestion and the consequent assimilation of whatever external matter is taken into this body. Now the third Dosha Shleshma is derived from 'Shlish'—to attach or embrace, and resides in the first two elements, i.e., earth and water, which attach themselves everywhere, thus causing the growth of, and supplying nutrition to, every living cell. The functions of Vayu, besides those of imparting movement to every living cell in the body, discharging the waste and harmful matter in various ways, drying up effete material (from Vai to dry up) so as to make it harmless, etc., also include those of the motor and sensory systems (from va—to smell, suggest, know), and also of sustaining the fivefold vital air in the body through respiration. All this and more is given in detail in the chapter vatakalakaliya. The terms vata, pitta and shleshma are technical, and have countless divisions. They are inferrable from their peculiar functions, and are non-perceiable.

About the classification and functions of tastes, there is nothing in Allopathy. Sushruta devotes a whole chapter (42 Sutra) to it. After describing how they originate by the mutual permutations and combinations of the different elements, he says, 'The sweet, the acid and the saline tastes remove Vata; the sweet, the bitter and the acrid, destroy pitta; the pungent, the acrid and the bitter suppress shleshma.'

(b) *Principles and methods of diagnosis and treatment in Ayurveda.*—We have to investigate the intimate as well as the accessory causes in diagnosing not only disease, but anything whatsoever. For instance, a detective, who is sent after a boy, has first to inquire about his parentage, his company and his character, taking into account his country, society, family and customs peculiar to his abode and the age in which he lives. In short, we have to trace general and particular causes, remote as well as immediate ones, in order to establish the etiology of disease.

The following eight facts help us in arriving at a correct diagnosis:—(1) pulse, (2) urine, (3) fæces, (4) tongue, (5) voice, (6) touch, (7) eye, (8) sight of the body as a whole (Treatise on Pulse by Ravana). All these are included in sight, touch and questioning which are regarded as the important ones by Vagbhatta (Sutra, chapter I, 21). In the case of a dumb patient, we have to make use of Kerala, Ramala, Swara-shastra, Nashta Jyotisha, etc. After questioning the patient, we have to question his friends, attendants, etc., if he does not convince us, or if he be insane. There is also a fourth means, and it is the supernatural insight of a Yogin; but this is included in sight; of course, there is a difference between the gross and the subtle means of sight, yet the whole falls under the same category, i.e., eyesight. This last factor is so highly developed by the divine Punarvasu that he devotes a special chapter to prognosis, and particularly to the signs and symptoms of approaching death—which is unfortunately neglected now-a-days (Chapter 12, Indriyasthana).

Diseases may be local or systemic; local, as piles, fistula, pidaka; systemic, as those due to vitiation of blood and other metabolic changes.

Diagnosis is subdivided into (1) prodormal symptoms, (2) undeveloped symptoms, (3) symptoms, (4) favourable and unfavourable drugs, diet, conduct, place and time, (5) appearance of disease.

Treatment.—In case of deficiency in the above mentioned constituents of the body, it should be replaced by likes (Charaka Sharira, chapter 6). 'Flesh develops by flesh, blood by blood, fat by fat, marrow by marrow, semen by semen, foetus by raw foetus of another animal', etc. In case of overgrowth, it should be reduced. Likes include objects, qualities and actions;

because disease means vitiation in any of the above three—belonging to the five elements. Qualities are either those of the five elements modified by the internal heat of the body, or of the same residing outside the body. Vayu has seven qualities, rough, cool, light, subtle, moving, clear and hard. Pitta has oily, hot, sharp, fluid, sour, gliding, acrid. Kafa too, has heavy cool, soft, oily, sweet, steady and sticky.

Normal qualities are 20, as heavy, light, dull, sharp, hot, etc ; they are mutually antagonistic, as hot and cold ; so excess of heat should be corrected by proportionate cold and vice—versa.

Diseases caused by deficiency require nutrition, and those caused by excess require reduction. Reduction is of three kinds, fasting, digesting and draining off the morbid matter. All these three are to be used in particular stages of fever, as, 'fasting in the initial stages of fever, digestion in the middle, and purging in the end'. Draining includes (1) sweating, (2) vomiting (3) purging (4) oil-enema (5) decoction-enema (6) catheterising (7) aspiration with horn (8) leeches (9) applying the gourd (10) cupping (11) venesection, etc. This is called treatment by Reduction. Treatment by nutrition includes behaviour proper to every season, etc. If you study our science of life with care, you will wonder how every mode of treatment in it is highly developed. For example, the measure of the contents of the enema for a particular patient must be the bladder of an animal in the same stage of life. How minute are the directions for making the eye of the catheter, etc. Then there are full details for remedying wrong treatment. Has Allopathy got to show any such detail ? It is our considered opinion that Ayurvedic treatment, if properly followed, that is, according to the rules of our science, can cure chronic and deadly diseases most wonderfully. In the case of sadhya or curable diseases, the results will be cent per cent, while in the case of those that Allopathy believes to be quite incurable, as leprosy, phthisis, etc., our results will be 50 per cent provided they have not entered the third stage ; at least 25 per cent results are sure and certain.

(c) For sprue, treatment by Swarnaparpati, Rasaparpati, Panchamritaparpati, etc., for Amavata, Syonaka-bark, Laghurasnadi decoction, etc., effect a sure and speedy cure. Amavata is due to the blocking of the serous ducts, and you have but recently learnt that they can be opened by castor-oil, though mentioned in our books thousands of years ago.

The same is the case with our dechlorination method, which you have learnt but 10 or 15 years back from German doctors (See Sir Pardy Lukis' Indore Lecture, 1913).

Even in Surgery, you have learnt from India, one hundred years ago, the method of skin-grafting by living flaps in Rhino-plasty, etc., which is therefore called Indian operation. Dr. W. Carnegie Brown says, " Sprue was undescribed and unrecognized as a distinct disease fifty years ago " ; (Page 3 Edition 1908) while we know even six varities of sprue for the last several thousand years. The same author while describing entire fruit treatment (Page 133), writes, " The method is, indeed, one of great antiquity, for the use of bael and other fruits in India and the further East, is described in native systems of medicine which antedate European discovery and conquest by many centuries ; while the routine treatment of sprue by a diet consisting entirely of fresh fruit, now generally employed by Dutch physicians in Java, is based on the methods in vogue during Hindu ascendancy in Cambodia and the Eastern Archipelago."

The superiority of Ayurvedic treatment lies in this, that it is not merely curative, but is also preventive in a very wide sense. In fact, the latter occupies the first place in every standard work of Ayurveda. It is called Swastha-rakshana-vidhi, or the method of preserving the health of a healthy man. There are special chapters, called Ritu-charya, or seasonal behaviour, varying according to the exigencies of different seasons of the year—particular foods and vegetables are prescribed for particular months.

Now as regards the treatment of the sick, due to vitiation in different constituents of the five Tattwas, we divide it into (1) causes (2) symptoms and (3) drugs. The last constitute the most important part of our system, yet it must be accompanied by considerations of the former two.

The union of the soul with the body consisting of five elements is called a ' Being ', and its getting into any sort of pain goes by the name of disease. Disease is divided into traumatic, physical, mental and natural ; again, into those depending upon (1) one's body (2) deities (3) physical elements (Sushruta, Sutra—Ch. 24). The three doshas are the chief cause of disease. " Just as all modifications in the universe cannot lie outside the three principles of satva, rajas and tamas ; so does every sort of disease inhere in vata, pitta and kafa. The soul experiences pain either through the body or the mind ; therefore it is divided into bodily and mental ; then into (1) extraneous (2) natural (3) congenital. Out of these, the extraneous is due to trauma. The causes of physical ailments are vata, pitta, kafa, aggregation and inequality. Just as extraneous is considered apart from the bodily and the mental type, so are blood and aggregation supposed to be separate causes, because all the three faults are *equally* enraged, the condition cannot be called " Inequality ".

Similarly, blood receives a separate consideration, because of its importance in circulation ; for instance, if a limb is tightly bandaged so as to block the circulation, and if that part is bitten by a serpent, the poison will not pervade the whole body ; now, if the limb be amputated, and then the bandage removed, he will not be poisoned. Or, to take other examples, syphilis, gonorrhoea, leprosy, a mosquito, a rat, a rabid dog or a fox immediately affect the blood through their bites, inoculation, etc.; therefore, blood has been considered as a separate entity. Further by

taking larger and larger doses of poisonous drugs as opium and arsenic, we can render our body immune by modifying the blood in a particular way. This method is called " peculiar modification of the body " and in English, it is called vaccine and serum therapy, only recently developed in the West. For these reasons, blood is put down as a distinct entity. Germs are also included in blood. The causes, though classified into three by our Logicians, are reduced to two in Medicine. They are further subdivided into (1) union with improper objects, (2) misdirected intellect and (3) fruition.

Misuse of time, intellect and objects of senses also form the etiology of diseases. As each of the four elements is possessed of qualities peculiar to itself, and as there is nothing in the world which is not made up of any of these four, it goes without saying that every object in the universe would serve as some sort of drugs.

The three doshas are also named Dhatus and Malas on account of their peculiar functions, as the same man is called a Collector, a Magistrate, etc. They are called doshas from dush—to vitiate, and Dhatus from dha—to hold, for they hold or sustain the body in their equi-balanced state. They are also called Malas, on account of their refuse or waste, as perspiration, excreta, urine, etc., these names are all relative terms, for our excreta serves as the intimate cause of the bodies of worms and bacteria, which are born in it.

Linga is the extraordinary mark, at the sight of which, we can infer the existence of an object possessing that mark, as we infer the presence of fire in a mountain by merely seeing the smoke.

Now wherever these special marks are discovered, we can infer from them, the workings of either vata, pitta or kafa. Besides the 80 principal diseases caused by Vayu, there are other innumerable types, but all the same, they can be easily recognized by the peculiar marks of Vayu, i.e., roughness, lightness, coolness, motion, formlessness, etc., and when it affects the body, its actions will be also peculiar to itself, i.e., shaking, boring, stiffness, horripilation, etc., (26 in all). These should be treated by remedies antagonistic to Vayu, as sweet, sour, saline, oily, hot, &c. Diaphoresis, smearing, oil-enema, errhines, food, inunctions, sprinkling, etc., are all destructive of Vayu, if used in proper doses and at right times. In diseases peculiar to Vayu, enemata forms the chief remedy, because it easily flushes the colon, and eradicates vayu altogether, just as the root of a tree being cut its branches, twigs, and flowers are sure to perish.

The affections due to pitta are 24. Its marks are heat, sharpness, lightness, etc. Its actions are burning, heat, suppuration, swelling, moisture, rotting, redness, &c. Its antidotes are sweet, bitter and acrid tastes and coolness. ' Purgation is the most important item of treatment here.' The affections of Kapha are 20. Its marks are whiteness, coolness, heaviness, sweetness, &c., and it produces similar actions. It is amenable to treatment by diaphoretics, emetics, errhines, exercise, &c. Emetics are here the chief form of treatment, and they cut Kapha at its very root, as the earthen wall of a field when broken, forms an outlet for water, and causes the crops to dry up. All this is given in our standard works.

" The disease must first be diagnosed, then the medicines prescribed, and lastly the physician should thoughtfully proceed to perform the accessory parts of the treatment. He who takes up these latter, without diagnosing the disease, might get success by mere accident, if he be well-versed in materia medica ; but he who diagnoses the particular diseases, is fully conversant with all the medicines, and knows the proportion of time and place, will command full success, without the least doubt. Here the author deals with the 63 divisions of the three doshas with a corresponding division of diseases as well as medicines, as is clear from the third verse. " He who is conversant with the various manipulations of ' Rasa ' and knows all the divisions of the doshas, will not be puzzled while treating the causes and peculiar marks of the same. (Here follows a long quotation from Sushruta in the Hindi original.) Beings are divided into movable and immovable. The first class comprise those born of a placenta, eggs, perspiration and earth. The second class comprises cryptogamous plants, trees, creepers, herbs, etc , of the latter, we can use the bark, flowers, fruits, roots, exudation, sap, etc., for medicinal purposes, while of the former, skin, nails, hair, blood, &c., are available for medical use. Minerals as gold, silver, pearls, stones, clay, &c., are also used as ingredients of medicine.

Various divisions of Time into seasons, months, etc., are potent causes of the development and suppression of the different doshas. This we have called seasonal incidence of diseases. This factor is almost neglected in Allopathy, and its great importance is only casually seen by some authors in very recent times.

As we do not and cannot expect any hearty support or patronage from the Government towards Ayurveda and as we have very little hopes of their ever sincerely trying to raise the position of the Ayurvedic practitioners in public estimation, it might, at first sight, be thought that this reply would serve no useful purpose ; but as the Committee have, by their very second question, tried to deal a deadly blow at the very foundations of Ayurveda, our silence would have been misinterpreted as our inability to prove the perfectly scientific nature of some of the fundamental Ayurvedic theories, which have been unjustly ridiculed in the past, on account of the ignorance of the followers of Allopathy. We shall be quite satisfied if the Committee is pleased to publish this answer in toto without applying the pruning knife, for the information of the general public.

13th January 1922.

(15)

Dr. V. G. DESAI, M.B. (Lond.), BOMBAY.

I beg to forward my views as regards the Indigenous system of Medicine.

Q. 1. Ayurveda.

Q. 2. (*a*) According to Ayurveda the theory of causation of disease is based upon physiology and pathology. Bacteria cause diseases and this is fully recognized. I think the Ayurvedic theory will stand the tests of modern scientific criticisms.

(*b*) They are the same as any modern Europeon methods except the latest microscopic and cytological methods. The principle of treatment are based upon pathology. For example in acute rheumatism it is considered that there is a foreign poison in the body and that it prevents the natural passages and excretions; therefore they give a purgative to start with, give such food as would not leave much catabolic residue and give alkalis because it is considered that the poison is acid in nature. This diagnosis and treatment is as good as the modern European ones. I have been in practice for 22 years and I find we can do our work without any foreign system of medicine. I have been able to substitute drug for drug in the B.P. except Digitalis, chloral, Pot Brom and Pot Iodide, and coal tar preparations. Of course quinine stands alone above any comparison.

(*c*) In chronic cases the Ayurvedic treatment succeeds better, especially in the diseases of the alimentary canal. For example, sulphide of mercury is given by the vaids in duodenal diarrhoea and it produces very happy results. Europeans do not use this drug.

Q. 3. (*a*) No.

(*b*) Useless.

To start with we must have good vaids. The Ayurvedic science is good but the majority of vaids are fools. You will have to teach the vaids.

(*c*) No.

The municipality should give grants and have Ayurvedic schools and charitable dispensary.

Q. 4. (*a*) (1) Yes. I believe in the old apprentice system.

(2) Yes.

(3) Yes, but they must have means to subsist upon. A little grant to teachers will do much good.

(*b*) To attain your ideal you will have to wait with patience for 25 years. First you will have to produce teachers and then the students. At present there are hardly any teachers I know of. The test of Ayurvedic knowledge is very very severe. I think a man can pass M.B. of any good university in shorter time than a vaid.

Q. 5. Yes, but the present batch of vaids are quacks with few exceptions according to the Ayurvedic standard as given by Charak.

Teach the Ayurvedic and teach the European methods at the same time. Pick up what is good in both, follow it, teach it and this open-minded policy only will survive. At present the vaids are bigoted and don't have knowledge from others. Our foreign masters think that everything belonging to us is trash. They do not believe that Ayurveda is a science.

Q. 6. Yes. The course of study should be for 6 years.

(*a*) The standard should be that of M.B. of any university.

(*b*) A knowledge of sanskrit is absolutely essential.

(*c*) Hindi.

Q. 7. There should be registration.

Q. 8. Ayurvedic treatment is ever so much cheaper.

Q. 9. Loss of patriotism. Teach people to have their own. Support home industry.

Q. 10. Of course the State must help. We look up to local boards for more sympathy than the State.

(16)

Kathiawar.

Dr. RAVISHANKER GANESH ANJARIA, MANGROL STATE.

Q. 1. Ayurvedic.

Q. 2. (*a*) The theory of Ayurveda for the causes of diseases, is, that in normal bodies three humours, Vāt (wind), Pit (bile) and Kaf (phlegm) are equal in proportion in health, but, as soon as they become disproportionate, disease is the result, e.g., if wind preponderates, rheumatic (rhee means wind), etc., diseases prevail, if bile preponderates liver diseases come on, and if phlegm preponderates lung diseases prevail. If any two are more than the third, other diseases result and so on. If all the three are irregular or disproportionate, then, delirium results. Mainly speaking, these humours regulate the system. There are other circumstances outward, heavenly, atmospheric and other hundred causes same as Allopathic system which cannot be put on paper.

How can Allopaths who have no knowledge of working of these humours criticise them when they cannot even understand them ? But if they study independently the Ayurvedic system, I think they can convince themselves that there is much truth in the system. It is quite an independent system, requires study and then I believe, as a layman can be a good Allopath after five years' medical studies and ten years' experience so an Allopath can understand this system by study though it is more difficult for him than a layman as the Allopath has to unlearn or disregard certain formed views and principles which he has made his own.

(*b*) Principles and methods of diagnosis.

(1) Comparing the pulse in different humours, e.g., Vāt pulse is tortuous and running, bile pulse is full and large and jumping, phlegm pulse is small, steady and full.

(2) Examining the urine.

(3) Taking in consideration certain symptoms peculiar to each humour disorder.

(4) History of the case, family, etc.

(5) Palpation, examination of phlegm, foeces, etc.

Principles and methods of treatment—

(1) By regulating the proportion of humours by various drugs which have these powers.

(2) Following nature—not doing any harm but simply to treat the cause.

(3) No poisonous remedy to be resorted to unless absolutely necessary and then in smallest proportions.

Ayurveda means knowledge about giving life, hence these medicines which can do no harm can only be used. Mostly dietitic regularity and abstention from certain food, articles, keeping on milk or such light liquids only.

(4) Other principles and methods are same as Allopathic system.

(*c*) I think Ayurvedic system treatment is in some chronic cases much better suited than Allopathic, e.g., in consumption, general debility, fevers, diabetes, etc.

In acute cases also, Ayurvedic system is certainly better than Allopathic if patients have faith and give long time to the doctor. Allopathic treatment often gives better results in acute fevers and other diseases but it leaves the patients weaker than before. In medicine, faith works. At present, general impression is Allopathic system is progressive science and hence is and ought to be better. While Ayurvedic system is old, non-progressive type and hence cannot be better and hence no proper trial is given to it from the beginning of such cases.

My impression and experience is that it is like religious truths. Ayurvedic medicine formulæ and views have been put in books after long long practical experience and have been tried for centuries and having been found useful collected in books. They are tried theories and formulæ, while Allopathic system is changing and has not yet come to any definite form. What is truth in one generation is falsified in another and reappears in third ; hence it is in a more or less experimental stage. Demerit of Ayurvedic system is that though it contains tried and practical useful principles and methods of treatment yet having been neglected it has not been well studied now nor any very necessary change even owing to changed conditions of habits, foods, etc., has been made ; but on the whole it can stand in good comparison with the Allopathic system also. Allopathic system is as it were a living system while the Ayurvedic is nearly decaying being neglected.

I being an ordinary medical man and having had no opportunity of working in any hospital I cannot give you any definite cases that came under my treatment when I treated according to Ayurvedic system but I have put above my general conviction, impression and experience faithfully after treating a large number of cases during my thirty years' practice in medical line.

Q. 3. (*a*) No. But I have had to work in Laxman Meram Chemical laboratory at Rajkot in Kathiawar. That institution was started by the express wish of the then Political Agent Col. Hunter, by the chiefs of Kathiawar in 1898, June ; Mr. H. L. Lee, a medalist Apothecary and a fellow in one of the Pharmacy schools in England, was appointed Director and I was selected to be appointed under him as a native assistant. The institution was started with a view to teach native vaids (practitioners of Ayurvedic system), preparations of English pharmaceutical preparations, extracts, tinctures, tablets, etc., and possible secure knowledge about Allopathic system also. The other function of the institution was to translate Ayurvedic medical works into English for the guide of the Director. For that purpose one good physician with a knowledge of Sanskrit was also attached to the institution to translate such works into Gujerati which in turn I had to translate into English. It was a very good institution and had it been allowed to continue longer it would have done lot of good both in teaching natives preparation of British pharmacopœia and also preparing native vaids conversant with Allopathic system in a small way, as lectures in materia medica, chemistry and botany and pharmacy, formed the part of the course of two years. At the end of the course examination was held and those who passed were given a diploma of practical pharmacists. Two batches passed out and then the institution was closed owing to the narrow-minded chiefs and certain mis-representations by interested persons. I had to work in that institution as a translator of Ayurvedic medical works in English, as a teacher in native medicine and botany according to Allopathic system and to translate

orally into Gujarati the lectures given by the Director Mr. H. L. Lee in chemistry and pharmacy. Hence most work involved on me which gave me stimulus and opportunity to learn Ayurvedic system and compare it with the Allopathic one. Though the institution was abolished before any important work could be done with regard to translation of the Ayurvedic works, I continued my studies of the system and since 1898 I had taken all opportunities in my medical duties to treat patients first with Allopathic and then with Ayurvedic system which gave me some experience of the Ayurvedic system. Though I cannot claim to be an expert in any of the systems but having studied and practised both for more than thirty years I deem it necessary to put my views on the subject before the committee which may take them for what they are worth.

(*b*) (1) I know only one institution at Bombay, the Ayurvedic College conducted by Dr. P. P. Vaidya, L.M. & S. and have seen some of the passed graduates who, I believe, do much better than quite uneducated native vaids or quacks but having had no personal knowledge of the institution I would advise or rather suggest the committee to send a deputation to visit and inquire and report the working of the institution. If the committee kindly consider me fit to be one of the members of the deputation I offer my services for it on conditions previously settled. I know at Lahore also there is class or college attached with the Anglo-Vedic Dayanand College, but I have no personal knowledge and hence cannot give any information or suggestion.

(2) I believe both Bombay and Lahore are suitable centres for medical education, but in India two centres would not suffice at least two centres necessary for each big province.

I think best way to improve those institutions is to visit them, discuss freely with the heads and professors and vaids of those institutions.

Plans and suggestions cannot be made offhand but nothing is impracticable provided proper means are taken by a committee appointed for the purpose.

Q. 4. (*a*) (1) Yes.
(2) Yes.
(3) Yes.

I share the above view. But as long as I have not inspected any of the existing institutions, I cannot give my opinion but I think it is possible that the deputation after discussion with the heads, etc., of the institutions can successfully impress on them the necessity of so doing. I believe their object being to encourage their system they will very willingly co-operate with the deputation.

(*b*) Nothing is too high if all works conjointly with the aim of furthering the medical science without being strictly partial to their own adopted system. Magnanimity of mind, open mind and free will to co-operate can do everything.

Q. 5. Yes. In addition, I hope that western system will also gain by such intimate explanation of indigenous systems, as something will be found which will add to their knowledge also.

NOTE.—Circulation of blood was proved by Harvey in the 17th century while reference to it is made in Ayurvedic works written some centuries ago. So also rhino-plasty, artificial eyes, artificial iron legs are alluded to and even used in those times.

It is only possible when doctors of Western system with a keen desire to acquire insight in the Ayurvedic system will study the system and when equally vaids of indigenous system will study with the same aim and zeal the Western system and when both can compare and discuss freely the principles of each system then only real good can be expected.

It may take long time. It may be difficult to find out such self-sacrificing persons ; it may be more expensive but until that course is taken no good results can be expected.

The Government and Native States as well as well-to-do persons should find monthly scholarships carrying at least Rs. 100 or even more for at least five or ten years and to be given to the best graduates or vaids of each system and they should be provided with every facility to treat patients, to visit hospitals, to travel and discuss with best doctors of each system. Patience, close study, competent men and time quite necessary to reach such a goal.

Q. 6. Yes. Translations of good text-books on physics, chemistry, biology and all medical text-books in other subjects as medicine, pathology, surgery, etc., in various vernaculars and vice versa. If translations of medical works of indigenous system be made in English then western doctors can also study those subjects and hence can favourably criticize the system after regularly studying the works with the aid of indigenous system. Vaids, professors and teachers of the institution must be familiar with both the western and eastern systems to teach thoroughly the students. Such institutions can be ideal.

I do not think native vaids (knowing only one system) can prepare vaids that would satisfy the educated and advanced civilized people though they can prepare native vaids to suit the masses in treating ordinary complaints and diseases. Courses for such institutions must be left to them only.

(*a*) I cannot offhand without consultation with doctor and vaids of both the systems suggest the standards and their studies though it is practicable after consultation with them.

(*b*) Same as (*a*).

(*c*) Vernaculars. Best professors and teachers must know both the Western and Ayurvedic systems well.

Q. 7. At present no registration is possible but when large number of vaids pass out it may be practicable. All good vaids are hardly available in such members as require registration. Public must be left to their own sense of duty to select their doctors (vaids). Generally public gives preference to doctors of western system and when that system fails they themselves select a good native vaids and cases are not rare where ayurvedic vaids have successfully treated patients when surgeons even left hopes. I cannot attribute such success to accidents only as many cases I myself have come across within thirty years' experience.

(*a*) Cannot throw any light.
(*b*) Ditto as (*a*).

Q. 8. Allopathic treatment is costlier than the indigenous though it is more approachable and convenient. It is easy to explain.

A Patient is prescribed say.—Pulse Cinnamomi Co. (I select that preparation because it is commonly used in both the systems) It cannot cost as much if prepared here in India as it would cost when it comes from Europe or England. Ordinary drugs on Ayurvedic system cost less; it is when Rasayan preparations are made they are costly. On the whole I believe indigenous system costs less. Take for examples tinctures; one lb. of tinctures cost (owing to rectified spirit) five times as much as the same powders of the tincture ingredients used by indigenous system.

Allopathic preparations cost more. Alkaloids are cheaper according to western system as native can hardly prepare them but they are really required in their system.

Q. 9. (*a*) Idleness on the part of the Vaids for continuing their studies.

(*b*) Want of encouragement to native vaids and indigenous system by kings, shothias and educated persons.

(*c*) Easily approachable Western system, hospitals, dispensary, medical graduates, etc.

(*d*) Prejudice—Anything that is followed by ruling powers is and ought to be better which led to neglect the indigenous system.

(*e*) Western medicines are easily obtainable in prepared states in dispensaries, chemists shops, etc., while native vaids only prescribe and ask the patients to prepare decoctions, powders, etc., which though it has a good aim but being misunderstood and owing to the trouble to prepare them, patients discontinue the treatment unless driven to it after trying western system.

(*f*) Slavish habit formed or acquired by the Indians to consider everything foreign—made is better and hence neglected or rather disgust of even the commonest and most approved native medical treatment.

Suggestions for revival.—(*a*) Encouragement of teaching of indigenous medical system by giving scholarships to students, by opening hospitals and dispensaries for treating patients according to the system, free institutions like allopathic dispensary and hospitals.

(*b*) Conferences and congresses of the free vaids that now exist in India in principal cities in each province and mutual discussions.

(*c*) Free translation of various ayurvedic medical books in vernaculars as all good books on medicine are in high Sanskrit.

(*d*) Encouragement of Sanskrit study.

(*e*) Establishing comparative dispensaries and hospitals in all provinces on both the Western and Aryan systems under able men.

Q. 10. Same as 9.

(17)

Central Provinces.

NOTES BY Dr. T. G. BANDE, SUB-ASSISTANT SURGEON, AND AYURVEDIC PRACTITIONER, YEOTMAL.

The Ayurvedic system of medicine is based on the firm foundation of a highly developed science in olden times. It is not at all empirical as is supposed by prejudiced minds. Great works have been written by high thinkers on this science; the authors have recorded their opinions and based their theories on actual experience.

The science of this system of course differs materially from that of the Western system. Both are practically allopathic, but the former system traces the cause of each and every disease to the want or excess of one or all the 'Thridoshas' as the term goes. Vat, pitta and Kaph are the three doshas according to this system, and the whole structure is built on such a simple theory. Maintenance of harmony in their due proportions of these three doshas means health and reverse of it is ill-health, and so when a disease has to be treated the physicians at once get to the root of the disease by putting their finger on one or the other of these doshas and do not find much difficulty in prescribing. They have not to examine all the organs, such as spleen, liver, etc., in order to find out the real disease as is the case in the western science. This system attaches little weight to the symptoms and the Western method of medication is mostly symptomatic.

The Westerns go from symptoms to the cause, whereas the orientals find out the cause easily by the method described above and then go to the symptoms. In short the Western method treats the effects mostly, though there may be some exceptions, whereas the eastern mind treats the root cause primarily. The well—versed physicians are trained in ' nadi pariksha ' or examination by feeling the pulse only; and a physician arriving at the right and accurate diagnosis by this method of examination is considered an adept. The Westerns have little idea of this ' feeling of the pulse '; they also feel it but not to find out the main and root cause of the disease but to find out the rate and rythem of the pulse.

I do not propose to go further into details of this science here as it will be perhaps out of place and unnecessary. I, therefore, leave this subject here by making only one remark that this science can stand any critical scientific test.

Now coming down into the domain of practice, my experience of the last twenty years or so confirms me in my belief that this system is more efficacious and suitable to the people of this country than the Western one. The results though slow are permanent; the system being indigenous people have more faith in it and the majority would always prefer the indigenous medication to the foreign one. This may be prejudice but so it is; and it is only natural that people should have more faith in this system as it has come down to them from their forefathers and since antiquity.

Again I am personally inclined to believe in the theory that is advanced by some thinkers that the herbs and minerals of a place suit physical constitution of the people residing in that particular place. This proposition is accepted by many in the matter of food but then with the same stretch of analogy it can be safely applied to medicinal herbs and minerals, etc.

Again as matters stand medicines and their mineral constituents and such other parapharnalia accompanying the western medication is mostly imported from outside this country and a complaint is often heard from eminent doctors that the medicines have not the same efficacy as they used to have formerly. Their inference naturally is that the medicines that come from foreign countries are spurious and adulterated possessing less of real medication and more of something useless. This complaint is mostly heard of medicines coming from Japan. Now if the indigenous method and medicines are used much of this trickery is likely to be and can be avoided and stopped. Many physicians will prepare medicines at home with the formulæ given in books and will possess genuine and well prepared medicines which of course are bound to produce good results in their turn.

I have outlined above some of my reasons in recommending the Ayurvedic system of medication for general use, throughout this whole country, but I will be failing in my duty in not mentioning the drawbacks and difficulties as experienced to-day. The foremost of these is the want of surgical skill in the present-day physicians and their empirical knowledge about physiology and other cognate sciences, and therefore unless good physicians are available versed in surgery, physiology, etc., it will, indeed, be wise not to have it on a universal scale. I know there are doctors, who know the abovementioned sciences and also are versed in ayurvedic; but their number is small. But this defect is not a very serious and can be cured in no time. Anglo-Ayurvedic schools have already been started and more men will be available for service within a period of two or three years.

For the present, Government may be advised to adopt a mixed system and keep suitable stock of medicines and doctors.

Again the science of ' nursing ' is not sufficiently developed in ayurved as is done by westerners. This science also shall have to be studied and taught.

In conclusion I may say that with the above precautions the Ayurvedic system may be recommended for use hereafter and Government would be thoroughly justified in adopting this old indigenous method, thereby meeting the wishes of thousands of people of this country and thus conferring a boon on them.

(18)

Cochin.

H. H. SIR RAMA VARMAH, G.C.S.I., G.C.I.E., EX-RAJA OF COCHIN.

Answers.

Q. 1. Ayurveda.

Q. 2. (*a*) Disturbance of Thridoshas or the three things, vatha, pitha and kabha.

I am not competent to give an opinion on the point.

(*b*) These are elaborately explained in Astangahridaya and Sangraha.

The treatment is generally very efficient. I have not kept a record of successful cases which have come to my notice.

(*c*) I do. I have been long suffering from a bad form of eczema for which I found ayurvedic treatment more successful than the English treatment. Another form of the same disease which a cousin of mine was suffering from, yielded only to the Ayurvedic treatment. Some types of fever yielded to that treatment more easily than to the other. For rheumatism, especially of the joints, ayurvedic treatment is generally more successful than English treatment.

Q. 3. (b) No. Medical relief now given is poor for want of funds and institutions. There is no place for systematically teaching ayurvedic method of treatment anywhere in these parts.

(c) No. Ayurvedic schools must be established in suitable places and arrangements must be made to open vaidyasalas in different places and to give medicines to patients from them.

Q. 4. (a) (1) Yes.

Q. (2)& (3) I do not think it necessary at present.

(b) I do not think that anything, so far as these parts are concerned, can be done at present to achieve that object in view. It may therefore be left alone for the present.

Q. 5. Such desire is not present in these parts. A unified system is very essential. Persons well versed in all the systems may be entrusted with the task. A committee of not less than five persons may be appointed by the Government. They may be given all facilities to make the necessary investigations and make a full report suggesting lines for the fulfilment of the idea in view.

Q. 6. The inclusion of the study of modern scientific methods in the curriculum of the studies of indigenous medicine will, I think, greatly improve the quality of the studies. But I should like to consult medical pandits and know their views also before proposing the exact course of studies.

Q. 7. This need not be undertaken at once, but may be put off to some time hence.

Q. 8. Indigenous system is cheaper. The drugs and medicines cost less and the fees of the physicians are also comparatively small.

Q. 9. With the gradual spread of Western method of treatment and the want of State encouragment to indigenous system, facilities to learn the system rapidly decreased which led to paucity of qualified men, and difficulties arose to get medical help at proper times and places. By the opening of medical schools and vaidyasalas in different places the indigenous system can be revived.

Q. 10. If all the four agencies co-operate, the system can be fostered.

(19)

M.R.Ry. KERALA VARMA AVARGAL, THE FIRST PRINCE OF COCHIN, TRIPUNITURA (COCHIN).

Q. 1. Ayurveda.

It consists of eight divisions, viz.—

(1) Treatment of children (bala).
(2) Treatment of the body below the neck (kayam).
(3) Treatment of grahas (epilepsy and similar diseases caused by supernatural agencies).
(4) Treatment of the upper part of the body (neck and above).
(5) Treatment of the 'Salyas,' i.e., penetration of foreign matter into the system, i.e., wounds caused by arrows, stones and small insects entering the system and extraction of arrows, shots, and stones, etc., which have entered the system.
(6) "Dhamshtra," i.e., treatment of poisons, both animal, and mineral such as snake-bite, rabid dog's bite, scorpion sting, etc.
(7) "Jara," i.e., treatment for prevention of decay of the body due to old age and thus immune the system from all sorts of diseases.
(8) Treatment for impotency in both males and females.

Q. 2. (a) All diseases are caused when any one, two or all of the three humours, 'vatha, pitha, and kapham' are not working in their proper order.

'Vatha' in its general sense is that which 'moves' the system. Its functions are the causing of cheerfulness, respiration, all actions of the body voluntary and involuntary, all excretions (vegas, fourteen in number, expulsion of urine, fæces, etc.), circulation of blood and sensation of sight, hearing, taste, etc. As these are more or less the functions of the nervous system according to modern physiology we may suppose that vatha corresponds to the nervous system.

'Pitha' is that which helps digestion and assimilation in the system. It effects all the chemical changes in the system and thereby produces heat in the body. The fluid in the eye (probably corresponding to the vitreous humour) and the yellowish fluid serum between the skin and the blood causing colour (Bhrajakam) fall under this category. Thus we may suppose that 'Pitha' probably corresponds to the secretions such as bile, gastric juice, pancreatic juice etc., of modern physiology.

'Kapha' is that which joins, lubricates and moistens the system. This probably corresponds to the connecting tissues and mucus membranes in the system.

As these three are generic terms it is rather difficult to find corresponding terms for these in Western physiology.

(*b*) There are certain symptoms by which we can understand whether 'vatha,' 'pitha,' or 'kapha' is not performing its functions properly; and medicines are prescribed to make the disordered ones perform their functions systematically. Thus for instance various pains, constipation, shivering, a peculiar kind of bitter taste, a charred colour of the skin, etc., are some of the important symptoms of 'vatha.' Extreme heat, yellowish-red colour, inflamation, excessive perspiration, giddiness and intoxicant effect, hot taste, etc., are some of the important symptoms of 'pitha.' Extreme smoothness of skin, feeling of heaviness, scratching sensation, inability to move the limbs freely, swelling, indigestion, paleness, sweet taste, etc., are some of the symptoms of derangement in 'kapha.'

All these are only general symptoms pervading all the diseases caused by these three. In the case of special diseases there are special symptoms for which special medicines are prescribed.

(*c*) For rheumatism, insanity, hydrophobia, snake poison, spider poison, rat poison, etc., Ayurvedic treatment, so far as my knowledge goes, has been found more efficacious than the Western method of treatment. Several cases of poison, such as caused by snake, spider, dog, which have been found incurable by western method of treatment have been cured here by ayurvedic treatment. Modesty and fear of wounding the feelings of others prevent me from citing particular evidence. Persons bitten by snakes, rats, spiders, men, rabid dogs, etc., invariably go to ayurvedic doctors instead of English doctors and get cured. In some particular cases of asthma and malarial fever ayurvedic treatment has been found more efficacious.

Q. 3. (*a*) I am only a private practitioner especially in poisons, animal, mineral and vegetable.

(*b*) The existing institutions are inadequate. There is no ward system. Medicines are not properly prepared. Sufficient remuneration is not given with the result that qualified men are not found available for service.

Public schools with adequate staff should be started in important centres under Government control and qualified men should be appointed in ayurvedic hospitals. The hospitals should be attached to the schools so as to give the students facilities for practical training. Ward system should be introduced especially in the case of hydrophobia.

(*c*) The existing provision for medical relief and education under indigenous lines is insufficient. In addition to schools and hospitals conducted directly by the Government, there should be many more maintained by Government grants and private contributions.

Q. 4. (*a*) There is no doubt as to the fact that ideal medical training of indigenous systems requires these three essentials, viz., the placing of students under teachers of first-rate ability, easy access of teachers and students to well-appointed hospitals, laboratories, libraries and botanical gardens and sufficient leisure for teachers to pursue independant investigations in their own subjects. So far as our Presidency is concerned, there is no institution where this ideal is attained. It is attainable if proper measures are taken as indicated in the answer to question 3 (*b*).

(*b*) If it is found too costly to attain the ideal all on a sudden, to begin with, public schools on a limited scale with hospitals attached to them may be started in important centres and the poor may be treated as in-patients and out-patients and the rich may be treated on payment.

Q. 5. I quite agree with the view of the Calcutta University Commission. Having collected statistics of particular diseases treated under both systems in several hospitals, that method which is found more effective may be adopted and the other rejected. Thus in course of time we will have a collection of effective methods which will be a combination of both Eastern and Western.

Q. 6 (*a*). I wholly agree with the view. The whole course may be divided into three stages, (1) preliminary course in medicine, surgery, etc., (2) Intermediate course in the above, and (3) advanced course. Provision must also be made for those who wish to specialize in any one particular branch of Ayurveda.

(*b*) As regards preliminary qualification a candidate seeking admission into an ayurvedic school should have a fair knowledge of Sanskrit and English. And this rule may be adhered to until all the existing works in English and Sanskrit on medicine and allied subjects are translated into respective vernaculars. Regarding the period each stage may cover two, three and four years, respectively, with one year practical extra.

(*c*) For the present, English, Sanskrit and the several vernaculars may be used as media of instruction until the works are translated.

Q. 7. It is not advisable to extend medical registration to indigenous systems under the present circumstances. When our schools have produced a large number of qualified medical men, then only need the question of registration be thought of.

Q. 8. So far as my experience goes, the cost of treatment according to Ayurvedic system is much less than that according to Allopathic system; for in the ayurvedic treatment three kinds of medicines, all equally effective, are prescribed for all diseases suited to the poor, middle and rich classes of people respectively. The physician can choose the cheap or the costly kind of medicine according to the pecuniary circumstances of the patient. Moreover in the Ayurvedic system, only the minimum quantity of medicine is used with a view only to help the working of nature. Thus the cost is less and although the curing according to this system is rather slow, the effect is sure and permanent. Lastly as most of the ayurvedic medicines are herbs, they are obtainable easily and often with no cost.

Q. 9. The important causes of the decay of indigenous medicines in my opinion are—

(1) The progress of Buddhism in India which strictly forbade the slaughtering of animals for above two centuries, stood in the way of anatomical progress, and consequently there was no scope for surgical operations and its development.

(2) The Muhammadan invasion destroyed the important higher works on medicine and surgery. Ample evidence of the existence of such important works can be had from mention of their names such as Susrutha and the Charaka in other surviving Sanskrit works.

(*N.B.*—In answer to the above 9 (2), we have made mention of 'Charaka' and 'Susrutha' as having been lost. We have gone through the existing works bearing these names; but these are not the real works, for in the first place these works are not even a tenth of the originals. Secondly in 'Ashtangahredaya' it is stated that real 'Susrutha' deals with only diagnosis and 'Charaka' deals only with treatment, whereas, the existing works under these names deal with both.)

(3) The want of support from the State for a long period has much to do in causing the decay of indigenous system.

(4) All the important works on Ayurveda are written in Sanskrit the study of which has been neglected ever since the Muhammadan conquest. Hence the common people have no facility even now to acquire medical knowledge according to Ayurvedic system.

The following are some of the methods that strike me for the improvement of Ayurveda :—

(1) Encouragement of Sanskrit study.

(2) Translation of the existing works in Sanskrit into various vernaculars.

(3) With regard to the lost portions, especially in anatomy, surgery, chemistry, etc., they should be supplied by translations of the corresponding works in English into Sanskrit or vernaculars.

(4) Starting of schools and colleges to impart instruction with hospitals attached to them on the lines indicated above.

Q. 10. The Government should start ayurvedic schools with hospitals attached to them in important centres. Wherever local boards or private individuals are willing to start such institutions, the State should give liberal grants. The work of translating books from English and Sanskrit, conducting examinations and conferring diplomas may be undertaken by Universities.

(20)

M.R.RY. RAMA VARMA AVARGAL, THE 7TH PRINCE OF COCHIN.

Q. 1. I propose to deal with the Ayurvedic system of medicine.

Q. 2. (*a*) The world is of two states, Sthoola (gross) and Sookshma (subtle). There is no world transcending these two states. Nor are to be seen in this world substances transcending the virtues of the sun and moon. There exist in this world only substances having in them combined the property of heat which is the quality of the sun and the property of cold which is the quality of the moon. Again, substances formed as they are by the five elements are of various shapes, properties and tastes. By these substances are the various diseases caused and destroyed. Also, the three moods of substances according as they are calming, raging or easing (Samana, Kopana, Swastha, Hitha and Bhedena) yield diverse results. And with the expansion in the world of the virtues of the sun and moon of whose constituents fire and water respectively of the five elements form the major portion, changes of season become inevitable. Then do places follow season, nature follows places, mind follows nature, senses follow mind, objects follow senses, rajas and thamas follow objects, passions follow rajas and thamas, body follows passions and diseases follow body. Though there thus exist a variety of causes of diseases, the important ones are the three humours, wind, bile and phlegm. Our care therefore should be confined to bring the humours to their normal equipoise when they grow abnormal. The normal state of the three humours is called prakrithi (nature) and the abnormal state, vikrithi (change). Maya is called prakrithi when the three qualities sathwa, rajas and thamas are equally balanced. These qualities intermingling in abnormity produce many a vikrithi. In their natural state they lead to unerring deep meditation (nirvikalpa samadhi) of pleasurable form. In the abnormal state they lead to creation, preservation and destruction (Srishti, Sthithi, Samhara) of painful form to sentient beings. As these three qualities are formations of the five elements they have elemental colours and virtues. Whiteness is attributed to Sathwa as it produces bliss, redness to rajas as it produces egotism and passion and blackness to thamas as it produces ignorance. The blissful sathwa preserves, the egotistic and passionate rajas creates and the ignorant thamas destroys the sentient beings. Correlative with the comparative balancing of these three qualities will be the gradations of changes in mentality. The virtues, colours and actions of these qualities are also possessed by their evolved forms, the humours. In nomenclature only lies the difference between the qualities and humours. The qualities are called benevolent principles and the humours malevolent. Whiteness is attributed to phlegm as evolving from sathwa, redness to bile as evolving from rajas (rajas and bile are fiery principles), and blackness to wind as evolving from thamas. The

humours also create, preserve and destroy the body. Bile creates atoms which phlegm preserves and wind destroys. Humours, in their changed state, destroy the body and when not so, confer robust health, as the text of Ashtangahridaya goes

विकृता विकृता देहं घ्नन्ति ते वर्तयन्ति च ॥

That humours, when not in equipoise, cause disease and when in equipoise confer health is truly laid down in the text

रोगस्तु दोषवैषम्यं दोषसाम्यमरोगता ॥

The Ayurvedic science has particularly described the ways of ascertaining the rise and fall of the humours and the means of bringing them to their normal level. Lest the answer would be lengthened a detailed account of it is not attempted. By way of answer to this question I have only to say that the rage of the humours is the cause of diseases and that the remedy consists in the use of medicines, etc., as per instructions contained in the Arya Vaidya Sastra (the Ayurvedic science of the Aryans).

As I am not conversant with modern science and its methods of experiment, I have nothing to say as to how far these theories will stand the test of modern scientific experiments.

(*b*) Innumerable are the principles and methods of diagnosis and treatment followed in our system. As anything said in extenso will, I am afraid, lead to indefinite lengths, I would content myself with giving a simple answer to this question. Find out which of the humours have raged and apply remedies using such medicines as have according to the Ayurvedic system tastes, virtues, ripeness and other qualities calculated to calm down the humour or humours in rage.

From my experience of twenty years' practice in the Ayurvedic system of treatment, I believe that treatment according to this system is very efficacious.

(*c*) Experience confirms my belief that in the case of Indians, climate, food and other conditions considered, the indigenous systems of treatment are more efficacious than other systems.

Q. 3. (*a*) By way of answer to this question I have only to state that I had been practising toxicological treatment keeping a dispensary and that circumstances compelling, I have stopped it.

(*b*) (1) As I do not know what provision has been made for giving medical relief in institutions of indigenous systems of medicine, I cannot say anything as to its adequacy.

(2). Institutions of indigenous systems are known to exist in certain places. But, I do not consider those places to be suitable as centres in general.

(*c*) Though institutions for giving medical relief and education on indigenous lines are known to exist in several places, I believe they are not satisfactory. Without Government aid and recognition these institutions cannot grow and be of public utility. My belief is that the present defects can be remedied only if the Government will, in these days when Sanskrit education exists only in name, in good faith believing that these indigenous systems also are efficacious, do the needful by establishing Sanskrit schools in every taluk for giving a knowledge of Sanskrit to the native boys, by establishing medical schools also for giving education and training to them in indigenous system of medicine and by extending to them Government recognition and encouragement similarly to the students of modern medical science, and by appointing them as vydians in hospitals to be established in every taluk on indigenous lines, on salary or grant systems.

Q. 4. (*a*) I am of opinion that all that are mentioned under the three sub-heads to this question should be done.

I am not aware of the existence, either here or elsewhere, of any institutions of indigenous systems of medicine where the ideal as per conditions mentioned under the three heads above is attained or is attainable in the near future.

(*b*) I am not of opinion that even for the present moment this ideal is too high.

Q. 5. I am in agreement with the view of the Calcutta University Commission.

Q. 6. (*a*) I have no objection to the adoption of studies on modern lines. But I am of opinion that only those books on Arya Vaidya Sastra, which also deal with physics, biology, etc., should be prescribed as text-books and those Sastras alone need be taught.

(*b*) The primary qualifications of candidates commencing medical studies shall be that they shall have read Kavyas and Alankara and Tharka Sastras and shall have a fair knowledge of syntax.

The period of medical study shall be not less than five years and that of practical training not less than three years.

(*c*) I am of opinion that Sanskrit alone shall be the medium of instruction.

The course of studies shall be as under—

First year—Ashtanga Hridya and Samgraha padham.

Second year—Charaka and Susrutha.

Third year—Chinthamani Sastram, pulsimeter, pulse-feeling, etc.; preparation of Sindhura ashes, etc.

Fourth year—Surgery.

Fifth year—Practical study of labour cases, treatment of children, etc.

Q. 7. (*a*) I am of opinion that medical registration should be extended to persons holding certificates of completion of the studies prescribed in the answer to question 6 and that Government should prohibit ayurvedic physicians not holding such certificates from practising.

(*b*) The formation of a Registration Board is necessary.

As I do not know what the present regulations are in regard to medical registration, I am not in a position to state what changes should be made therein.

Q. 8. Experience tells me that treatment according to indigenous systems is less costly than that according to allopathic systems.

Q. 9. The first cause of decay of indigenous systems of medicine is want of Government co-operation. The second is due to the apathy brought about by careless treatment on the part of greedy quacks, of whom there is a legion, as a necessary result of Government unconcern.

Q. 10. I am of opinion that Government aid and recognition are the only conditions which the indigenous systems of medicine stand in need of to be fostered and promoted by the several agencies mentioned in this question.

(21)

MALAYALAM EVIDENCE AS SUMMARISED BY M.R.Ry. RAMA VARMA (THE 9th PRINCE OF COCHIN).

M.R.Ry. V: Shangu Warriar Avargal, K. A. Samajam Hospital, Cheruturuthi, Shoranur.

Q. 1. Regarding ayurveda (in general).

Q. 2 (*a*). Out of the food taken in, the three substances viz., kapha, pitha and vayu, coarse, fine and finer respectively, in nature, and primarily formed, and they are named by the generic term Thridoshas. The food that results divides itself into Sara and Kitta Sara, goes to make up the seven Dhathus, Rasas, etc., (Anabolism ?). Kitta is thrown out as excretions, mala, moothra and sweda—vide " Adow Shadrasamapyamam, etc." The body is thus composed of these three elements, Doshas, Dhathus and Malas. Particular Dhathus are generally the repositories of particular Doshas. The normal state of Thridoshas in the body constitute healthy condition. The reverse of this is disease. Healthy condition means the normal state of thridoshas as applied to particular individuals. The typical healthy body of an adult contains three pounds of kapha and two and a half pounds of pitha—vide " Majja Madow Vasa, etc." The existence of these two and of the finer vayu that exists in the body in the form of impulse is known by their properties and functions. The chief diseases are caused by the 62 kinds of variations in the normal proportions of the doshas. The 62 kinds of variations superimposed upon the displacements from their respective repositories make the number of diseases innumerable.

In the causation of mental diseases besides the abnormalities of thridoshas, the two gunas, Rajas and Thamas, have also been considered as factors. In the case of accidents such as wounds and bruises abnormality of doshas follows, and then only disease results. Thus, according to the Ayurvedic system, no disease is caused except by a change in the normal condition of Doshas. If by modern science is meant the Western science I know little about it; but so far as I could gather from what I have heard about the Allopathic system, as the basic principles differ from each other, no comparison is possible.

Q. 2 (*b*). Diseases are of two kinds nija (natural) and Aganthuka (accidental). Natural diseases are chiefly caused by the abnormality of doshas and the accidental, primarily as a result of the accidents followed by the abnormality of the doshas, for example raktha gulma, raktha pitha, prameha, apasmara, etc., are natural. Vata diseases of apathanaka caused by Marmavedha (injury to vital parts) etc.; poison cases, unmada caused by extreme emotions, etc., are accidental. These two are again classified as physical and mental.

Among the examples of natural diseases the first three are physical and the last mental. In the latter set the first two are physical and the last mental.

Diseases are diagnosed by the processes of nidana, samprapthi, pragrupa, lakshana, and upasaya, and they are carried out by the methods of Darsana (inspection), Sparsana (Palpation, etc. ?) and prasna (questioning). Nidana consists in inquiring into the irregularities of habits, climatic conditions, environments, etc. Samprapthi is the determination of the effect of the above condition on the health of the patient and the probable diseases resulting therefrom. Pragrupa is the early signs and symptoms of the disease. Lakshanas are the signs and the symptoms when the disease is fully established. By these processes the disease is practically diagnosed. Upasaya is the stage at which the treatment is begun and the diagnosis is confirmed by the effects of the treatment.

(*N.B.*—Here the witness illustrates these processes by quoting prameha as an example. He makes mention of certain instruments for the diagnosis of certain internal diseases such as arsas, uterine ulcers, etc.).

Treatments are of two kinds, external and internal. The external consists of abhyanga, lepa, etc. The internal is divided into samana and sodhana. Samana consists in giving in of Gritha, thaila, kashaya, etc., and sodhana is by means of emetics and purgatives.

(*N.B.*—Here the witness takes the example of an acute stage of Kushta to illustrate the various processes of treatment).

Number of cases treated in one year under the ayurveda system at the K. A. Hospital, Cheruturuthi—5,728, besides several private cases for which no account is kept.

Percentage of cures—75.

(*c*) Yes, especially in vata cases.

Q. 3. (*a*) Chief physician at K. A. Hospital, Cheruturuthi.

(*b*) 1—not satisfactory.
2—centres suitable—adequate provision must be made for funds and equipment.

(*c*) Insufficient. The remedies proposed by K. A. Samajam and Aryavydya Samajam are acceptable.

Q. 4. (*a*) 1, 2 and 3 essential.
(*b*) The ideal is workable.

Q. 5. As already stated in answer to question 2 (*a*) I do not think it practicable.

Q. 6 (*a*) and (*b*). The study of these subjects may be helpful.
(*a*) and (*b*) refer to K. A. Samajam curriculum.
(*c*) In Sanskrit and the local vernaculars.

Q. 7. Registration board essential.

Q. 8. Less costly. Drugs are easily procurable and labour cheap.

Q. 9. Want of State aid and undue encouragement of Allopathic hospitals.

M.R.Ry. Thrikkovil Uzhuthra Warriar Avargal, Palace Physician, Cochin State, Tripunitura.

Q. 1. Regarding Ayurveda.

Q. 2 (*a*). Indiscriminate use of the 'six Rasās' adversely affect 'Bhava Padārthās' (Doshas, Dhathus and Malas) or organs of the body thus causing diseases. There are no two theories about the causation of disease in Ayurveda.

This theory is capable of being argued out to a logical conclusion by persons well versed in the science of Ayurveda and is established by experience and examples. This will stand the test of decent scientific investigation and criticism.

(*b*) Uncongenial habits produce abnormality in Doshas and the abnormal Doshas cause diseases. The former is the distant and the latter the immediate cause of diseases in general. The examination of these two causes constitutes the first process of diagnosis, that is, Nidāna.

N.B.—Texts are quoted to illustrate the statements and to show also how the different Doshas are rendered abnormal and what is the general form of the treatment to be followed at different stages of a disease.

Ayurvedic science (indigenous science of medicines) has been evolved from a study of the special characteristics of the physicial constitution of the people of Bharatha and the medicines prescribed therein are such herbs, bulbs and roots, etc., as contain the 'six Rasās' in abundance and agreeable to the nature of the food the people of the country is accustomed to. The indigenous system of treatment is therefore easier, more effective and safer. I say this from experience and I am prepared to prove by practical examples the truth of the statement. I have not kept an account of the cases I have treated. Approximately it may come to 3,000 a year and most of them have been cured.

(*c*) Yes. The treatment in the cases of Vātha, poison cases, Āma Jwara, Apasmāra, etc., are especially more efficacious.

Q. 3. (*a*) I am the Palace Physician of Cochin State and I teach many students free.

(*b*) No. Well equipped hospitals and colleges and libraries should be established and scholarships and other encouragements given to students of Ayurveda.

(*c*) No. State help is necessary as in the case of Allopathic hospitals and colleges. Ayurvedic education to be given on most efficient and improved lines.

Q. 4. Yes. All these are necessary. The existing institutions are not up to the mark. They can be made so with State help.

Q 5. I do not agree.

Q. 6. Yes. They are necessary. The eight courses of study as mentioned in Ayurveda, such as Salya and Salakya, etc., should be followed and each course supplimented by the auxiliary courses of physiology and pathology, etc. :—

(*a*) The eight courses may be brought under three groups and special titles to those who pass in each group be given.

(*b*) Preliminary qualification—a thorough knowledge of Sanskrit.

(*c*) Vernacular.

Q. 7. I do not know the existing medical registration rules.

Q. 8. Medical fee and prices of medicines are much lower than what they are in the Allopathic system.

Q. 9. The language difficulty, want of State help, absence of colleges and hospitals and the scarcity of good physicians as a result of Ayurvedic system being not encouraged by the State.

Q. 10. (*a*) Recognition of Ayurvedic system by the Government, founding of free hospitals, employing genuine physicians, establishment of colleges, creation of medical boards, the necessary financial support, etc., as already indicated.

(*b*) The same and to elicit public sympathy and encouragement.

(*c*) Conduct of examinations and granting of diplomas, etc.

(*d*) To help the Government in carrying out the scheme to encourage and resuscitate Ayurveda.

M.R.Ry. E. T. Divakaran Mooss Avl., Olloor, Cochin State.

Introduction.—I cannot put in writing a hundredth part of what I have to say. I have had occasion to compare the Allopathic and Ayurvedic systems. The former chiefly aimed at speedy cure of an apparent disease and the latter at radical cure, though slow, of all the disorders latent and apparent in connexion with a particular disease (by bringing the entire system back to the normal condition). So the two systems differ in their fundamentals.

Q. 1. Regarding Ayurveda.

Q. 2. (*a*) (Vide statement of the two witnesses above substance is the same). Ayurvedic science will stand any test.

(*b*) The principle of treatment is the treatment by ' Contraries '. The medicines prescribed in Ayurveda are generally endowed with such property as are in consonance with what the intrinsic nature of the system requires and are mostly devoid of the qualities foreign to the system. Fever, phthisis, etc., may be cited as examples which, when treated according to this system, will be radically cured and will leave no trace of them behind.

I have ample experience of the efficacy of the treatment, but have no acount kept of the number of cases treated.

The Ayurvedic system is more efficacious than the allopathic. If it be true that what are called ' Rua Fever ' and ' Time fever ' have no remedies according to Allopathic system, they have their remedies in Ayurveda.

Q. 3. (*a*) Member of the Medical Board of the Keraliya Ayurveda Samajam.

(*b*) (1) Not satisfactory for want of funds. (2) State help is essential.

(*c*) No sufficient provision. Reference (B) 1 and 2.

Q. 4. (*a*) (1), (2), (3). They are absolutely necessary. There is no such institution existing. Possible with State help.

(*b*) (1) Not too high.

(2) To establish medical institutions under Government control and appoint efficient physicians.

Q. 5. It is not possible to agree with the view of the Calcutta University.

I have never found an instance where the two systems agree. Differences in climate and habits of the East and the West are so wide that the two systems evolved out of the natural requirements of the two countries differ to the same extent. And no wonder they do not agree. I have seen cases where allopathic doctors fail to find any disease in a patient when it actually exists or discover disorders not actually in existence, because of their lack of adequate knowledge to take the local conditions into account.

Ayurvedic study does not stand in need of any extraneous help from modern (or Western) sciences. Such scientific information is contained in Ayurvedic treatises. But they must be efficiently taught and such improvements made in them as changed conditions of time and circumstances may demand.

Graded examinations are necessary and diplomas are to be given (not possible to give more details at present).

(*b*) A good knowledge of Sanskrit to begin with and about eight years' study altogether.

(*c*) Sanskrit and vernaculars.

Q. 7. Registration necessary :—

(*a*) Registration board composed of competent physicians is necessary.

(*b*) Such changes should be made as to suit the object in view (betterment of Ayurvedic system and its practice).

8. Ayurvedic treatment is cheaper because materials and labour are cheap.

Questions 9 and 10 are so wide that I am not able to answer them at present.

M.R.Ry. Punnasseri Nampi, Neelakandhasarma Avl., Pattambi, Malabar.

Q. 1. Unani and Sidha are only modifications of Ayurveda.

Q. 2. (*a*) The body is composed of five elements earth, water, fire, air and ether. Of these air and ether form Vāyu; fire represents Pitha, and earth and water Kabha.

(*b*) By Nidana, etc.

Effective. Ayurvedic physicians generally do not keep account of cases treated by them.

(*c*) Yes. Any physician can prove the truth of this statement.

Q. 3. (*a*) I have treated many cases. I am the President of the Aryavidya Samajam and have been for nearly twenty years a medical examiner in Travancore and also of the Venkatramana dispensary in Madras. Many students have learned medicine under me.

(*b*) (Vide answers of others).

Q. 4. (*a*) *and* (*b*) (Vide answers of other witnesses above).

Q. 5. There are certain portions in the Allopathic system, a knowledge of which will be of help to Auyurvedic students.

Q. 6. (1) Six years' course will do.
(2) Should have passed any of the advance examinations in Sanskrit.
(3) Sanskrit and vernacular should be the media.
(4) Three examinations biennially. Passed candidates be given the titles of 'Vaidya' and 'Upavaidya' and 'Shiromani' respectively.
(5) The first two examinations to be conducted by the Government and the last by the University.

Q. 7. Registration necessary, etc.

Q. 8. Less costly, due to labour and materials being cheap.

Q. 9. (No new information. Vide other answers).

Q. 10. Government should establish colleges and hospitals in each district. The local boards should control and supervise them.

General remarks.—Ayurvedic system aims at regulating the habits, eradication and prevention of recurrence of the diseases. The cure, though it may be slow, is sure. This system is more suited to the Indian constitution and the Indian climate than the Allopathic.

There are improvements to be effected. This can be easily done with Government help.

I am prepared to give oral evidence if necessary.

M.R.Ry. Aryavaidyan M. Krishnan Avl., Assistant Master, Aryavaidyapatasala, Calicut.

The sense of the paper is covered by the other papers already translated.

M.R.Ry. V. Komappan Nayar Avl. (Ayurveda Vaidyan), Chief Physician, Panchayath Vaidyasala, Parpookara Puducad, Cochin State.

(No information other than what is contained in answers of others given above.)

Q. 2. (*b*) I have treated 6,346 cases within three years, of which 6,237 have been cured.

(His views agree with the general trend of the opinions expressed in the papers translated in detail.)

(22)

M.R.Ry. AYURVEDA VISHARADA K. SHARODY AVL., OLLUR.

Q. 1. I propose to deal with Ayurveda.

Q. 2. (*a*) The three doshas cause all the diseases.

These three doshas are 'Vata, Pitha and Kapha.' These are the three pillars of the body. When these are in their normal state, they keep the body in a good condition. The seven 'Dhatus'—'Rasa, Rakta, Mamsa, Medas, Astti, Majha and Sukra', of the body are the instruments of the Doshas with which they (Doshas) excite the system and create disease in the body when they get deranged.

These become deranged by various causes such as season, climate, food, water, etc., when in their unnatural stages.

This theory will stand far superior than the modern scientific system.

(*b*) 'Panchalakshanam and Astangapariksha' are the methods of diagnosis followed in our system. These are Nidanam, Poorverupam, Rupam, Upasayam and Samprapti,' while Astangapariksha comprises the examinations of 'Nadi, urine, fæces, tongue, sound, touch (chest, abdomen, etc.), eyes and complexion. These, when carefully studied and noted, help a complete and correct diagnosis.

'Samsodhana and Samsamana' are the methods of treatment. 'Samsodhana' is divided into five. 'Vamanam, Virachanam, Vasti, Sirovirekam and Raktamoksham' and Samsamanam into seven 'Pachanam, Deepanam, Kshuth, Thrit, Vyayama, Atapam and marutha.'

All diseases are completely cured either by the process of Samsodhanam or Samsamanam.

This treatment is more perfect than what is adopted in the Allopathic system.

(c) Vide answer (b) of question 2.

Q. 3. (a) Practising independently.

(1) No.

(2) No.

(b) In every respect it is deficient.

To remedy the deficiency there should be colleges, schools, hospitals, dispensaries, museums, laboratories, etc., in all important towns. There should be a completely equipped school in every district centre at the least, and each school should be provided with a well-established hospital.

(c) No.--Vide answer to (b) of question III.

Q. 4. (a)—

(1) Yes.

(2) Yes.

(3) Yes.

They are not yet attained, but are attainable in the near future if every facility is provided immediately.

(b) (1). The science should be made a living one in all its branches.

(2). Vide answer to (b) of question 3.

Q. 5. No. I can never agree with the view of the Calcutta University Commission because the ideals between the East and the West are different and hence they cannot be amalgamated together.

Q. 6. They are not essential for us, because we have got ample scientific methods which are far superior to the modern scientific system.

As I cannot agree with the view that the curriculum of studies should include anatomy, etc., I propose the following scheme for the study of students corresponding to Allopathic qualifications of 'L.M.S.', etc.

(a) Corresponding to L.M.P. four years' course.

Laghutrayi (Nighandu of Bhavaprakas, Nidanam of Madhava and' chikitsa of Chakradatta) Susruta Sarira should also be included in the above.

L.M.S. and M.B., five years' course.

Brihatrayi (books of Charaka, Susruta and Vagbhat). The graduation shall be by distinction in marks obtained as detailed below.

For L.M.S. 40 to 50 per cent of marks.

For M.B. above 50.

M.D. and M.S. degrees should be by theses.

Those who desire to appear for these examinations should pass the M.B. examination and undergo a course of five years more. Thus for M.D. and M.S. the course should be ten years.

(b) A thorough Natakantam knowledge is essential for the lowest degree.

Knowledge of other Sastras also are preferable for the other degrees.

(c) The language for the lowest is vernacular. Sanskrit should be made compulsory for the others.

Q. 7. We don't want the medical registration by State, but it should be by indigenous institutions.

Q. 8. It is far cheaper than the Allopathic treatment. The reasons are—all can prepare indigenous medicine without much expense. The drugs to prepare them are available everywhere and so cause the cheapness.

Q. 9. Want of State encouragement.

The State should take immediate financing and encourage what are necessarily required.

Q. 10. This system can be fostered and promoted by establishing hospitals, dispensaries, schools, laboratories, travelling physicians, etc., according to the population in towns and villages.

(23)

Mr. A. KRISHNAN NAYAR.

In answering the first two parts of 2 it seems necessary to point out that it is impossible to supply answers in such a way as to make the task of scientific criticism easy. The Ayurvedic system of medicine which I propose to deal with is based on a chemistry, a physiology, and a botany which are unique in the point of view from which these sciences have been approached, as well as in the principles which have been adopted in the classification and definition of the facts and phenomena relating to these sciences. This fact precludes the possibility of rendering in-

modern scientific language the conceptions which the Ayurvedic physicians had about the causation of diseases and consequently about the symptoms which the diseases manifest or the principles of the treatment followed. It is translation in English without any regard for the connotation of words that has made Ayurvedic theories look ridiculous in the eyes of Western doctors.

Inasmuch as the object of the Committee is to ascertain how far the Indian system is scientific, the only course open to it is to examine the system as a whole after studying its principles of classification, definition, nomenclature, etc. In that case, I make bold to assert that the system would be found to satisfy all the logical requirements that would entitle it to be ranked as a science. Being tedious work and beyond the scope of the questionnaire, it is not attempted here.

Again, as regards the general efficacy of the treatment adopted in the system, it is not possible to supply facts and figures. Native physicians, especially private practitioners, very seldom keep a record of their work, seeing that they have no necessity for it. The public, even the educated public, believe in its efficacy, as is well known to the individual members of the Committee. So also evidence as to its greater efficacy in certain conditions is not easy to establish. For this would require comparison with other systems which involves a sound knowledge of other systems; or it would require experience of having successfully treated a large number of cases pronounced incurable by the votaries of other systems. Although I could quote some instances of this, it would be no conclusive proof of the inferiority of other systems as it might as well be due to the inferiority of the men who represented those systems.

Q. 3. (*a*) I am connected with an Ayurvedic medical shop providing medical relief to a limited extent.

(*b*) (1) No. Firstly, poor people get only prescriptions in these institutions, but no medicines, as free Ayurvedic dispensaries are very rare. Prescriptions often do more harm than good. Wrong drugs might be bought and medicines carelessly prepared and administered, thereby causing injury to the health of the patients as well as to the reputation of the system.

(2) No. Free instruction is imparted, but without any demonstration. Moreover, so far as Malabar is concerned, experienced physicians commanding wide practice are not at all anxious to endow their disciples with the benefit of their experience.

Institutions as contemplated in question IV alone will remedy these evils.

So far as Malabar is concerned, the number of institutions is perhaps sufficient, but, as pointed above, the quality of the work done in these institutions is poor.

Q. 4. (*a*) Such institutions are absolutely necessary. This ideal may soon be attained in the institution started in Trivandrum under the management of M.R.Ry. K. Sankara Menon Avargal, M.A. & L.T., the talented Ayurvedic Physician in the State employ.

(*b*) The ideal is not too high. To begin with, three, institutions, as nearly approaching the the ideal as possible, may be started—one for Malabar, another for the Tamil districts, and a third for the Andhra desa. Please see answer to Question 6.

Q. 5. The desire really exists. Each system may have much to learn from the other. But a unification of the system is, from the nature of things, impossible, at least for many years to come.

Q. 6. A study of modern scientific methods is essential. It will be more convenient and practicable in the beginning to train in this system the large number of young men who are tolerably well versed in the indigenous systems. These men may be trained in the practical side of their systems by experienced physicians of real merit, as well as in Western physiology, pathology, and simple surgery, with the vernacular of the respective places as the medium of instruction. An entrance examination to test the knowledge of the candidates for admission in the system of medicine they follow would be all that is necessary.

Q. 7. This problem may be allowed to wait until the success of the scheme is assured.

Q. 8. The indigenous systems will be cheaper. Though some drugs are very costly, many of the ordinary diseases require only simple remedies prepared out of herbs and plants available in the locality.

Q. 9. Undue patronage extended to the Allopathic system by the Government; the consequent slur cast on its rival by the votaries of the former as well as by those who ape Western fashions, in utter ignorance of its merits; the difficulty of obtaining books till very recently and want of facility for consultation in cases of doubt or difficulties. These are some of the causes of decay. These can be remedied as soon as the system gains recognition at the hands of Government.

Q. 10. The indigenous systems can be fostered by the State opening some central institutions as contemplated in question 4 and by the local boards and municipalities maintaining some hospitals engaging the services of the newly trained men, thereby encouraging them. When the scheme has proved a success, and when the merit of the system has been demonstrated to the satisfaction of all who are dubious about it, the curriculum of studies may be amplified, a rigorous test of efficiency may be instituted and Degrees conferred on the successful candidates by the University.

(24)

Trivandrum.

M.R.Ry. K. SANKARA MENON Avargal, M.A. & L.T.

Ayurveda and its Theories.

Ayurveda is the science of life. It is built upon the theory of Vata, Pitta and Kapha. They are the fundamental principles of all material creation ; they represent the three subtle stages of force impregnated matter in the process of evolution. Any disturbance in the arrangement or condition of these three subtle stages of atomic essences produces an altered or abnormal condition called disease. Health or the normal condition of body is produced by the result of the harmonious movements of the subtle matter in all the three stages.

Hindu Philosophy is the basis of all Indian knowledge. The fundamental principles of all Indian sciences are dealt with at length in Indian Philosophy, for Philosophy is the science of all sciences. So, for a correct knowledge of Vata, Pitta and Kapha we have to dive deep into the Indian philosophy.

According to the Hindu theory of Vedanta, there is the all-pervading spirit which manifests itself into matter and force. They are indestructible and indissoluble. Force cannot exhibit itself without matter and matter cannot exist without spirit. It is clear from this that everything that exists is endowed with the principle of life. The wonderful discovery of Dr. J. C. Bose that even metals--the supposed inanimate things—show unmistakable signs of latent life is no news to scholars of Hindu philosophy, wherein the inseparability of matter and force is emphatically declared and logically proved. The Vedantic philosophy expounded by Sankara asserts that all matter is but the simple manifestation of force which both merge into the all-pervading eternal unknown called Brahmam. The dualistic school of philosophy advocates that matter and spirit have co-existence, the latter always working and manifesting itself through the former, so that the relation of action and reaction is eternally maintained, which baffles all dissolution or the resolution of one into the other. Since it is not within my province to discuss the merits and demerits of the two schools, I do not wish to enter into any scholastic argumentation of the pros and cons of the theories. It is sufficient for our purpose to say that matter and force exist and the manifested universe is the result of the all-powerful force working through the all-pervading matter.

This theory is in perfect harmony with the modern theory of science. Hitherto it was considered by scientists that there are a certain number of elements created as such in the universe like Oxygen, Hydrogen, Nitrogen, Sulphur, Copper, Iron, Gold, Silver, etc. The combination of these elements in certain proportions and under certain conditions produce the material objects in the universe. That was the accepted theory for a very long time, but with the advance of science that theory was exploded and it was proved that all objects in the universe are but the different manifestations of one primodial matter under different conditions and circumstances. This is the modern electron theory according to which there is only one substance in the universe which manifests itself in various ways under different conditions. The primordial atomic essences, according to this theory, that constitute the manifested universe, are electrons and protons which, though one and the same matter, show slight variations in regard to the force that pervades them. The difference in the nature of the force that pervades protons and electrons is only a difference of positivity and negativity. Modern science does not proceed further. Hindu philosophy goes further and says that positivity and negativity of forces are only manifestations of one force which works through matter—both of which again are but the simple manifestations of something unknown and unknowable called Para-Brahmam.

Modern scientists who have been successfully carrying on researches into radio-activity have established that the possibilities of atomic energy are infinite. They have been trying to explode the atom of Hydrogen in order to harness its energy. When it is accomplished earth becomes a paradise or another star. The ancient Hindu Yogis know the scientific truth by their meditation and worked wonders through their mental force. They created globes and destroyed others as we learn from our ancient lore.

In the light of one matter and one force the various manifestations are accounted for by the different conditions and circumstances. Force shows itself the greatest when the matter through which it manifests is the subtlest. When the matter becomes grosser and grosser the manifestation of force through it becomes less and less potent. According to the Vaisheshika philosophy mind is nothing but matter-essence in its primordial condition. The spirit that works through mind—the subtlest matter-essence in the human body—is more powerful and endued with greater potentiality and velocity than other forces which work through grosser matter in the system. The rarification of matter is responsible for the exhibition of greater energy is explained by the fact that heat and electricity work through the medium of ether and something unknown akin to it, whereas sound works through the medium of air. The greatest energy of the universe works through the subtlest of matter.

So there is no matter without force and no force can work without matter, so much so that all matter in the universe, whether living or apparently dead, is endued with living force more or less patent. Self is immaterial, for force is matter and matter is force. It is either adaptive or

elective and its course is determined by the potentiality of its past Karma. The present life is only a page of a big volume having many closely written pages before it, making up the sum total of the potentiality of existence. Life is expansion; it is a link that connects the past realities with the future possibilities.

Mind exerts a great influence on the body, for the spirit that works through the primordial material essence of mind is endowed with great energy. When the mind becomes gross the influence which it exerts also will be proportionately less.

The three stages of matter in the process of creation are the subtle, the medium and the gross. The forces that work through them will also be proportionately great, medium and small. For the sake of convenience, I shall roughly classify the material atomic essences of matter into one group, the liquefied material essences into another and the solidified atomic essences into a third group. These groups representing the various stages of matter in its essential primordial condition should not be confounded with the three stages of matter as the Westerners understand it. The one force that works through these aforesaid subtle stages accounts for the variations of intensity and potentiality. They give us a rough idea of Vata, Pitta and Sleshma.

It is to be remembered, in this connection, that there is only one force working in the whole universe and for that fact in the human system too, and the classification of the force under three heads as Vata, Pitta and Kapha mainly represents the properties and qualities of the matter through which each works, so that the manifested force is highly coloured by the medium through which it works. The subtlest matter or the atomic essence forming the different stages is imperceptible to the eye, and so the possible inference of the derangement or otherwise of the matter in the system is seen through the altered condition of energy which pervades the system. All that can be understood is the nature of the force that works through the matter, and so the attributes of one are always indiscriminately given to the other, as they are indissoluble and inseparable. The subtlest matter is as much abstract as the all-pervading force. The one is consequently known in terms of the other. The qualities that are attributed to energy or force are really the qualities of matter, which under different circumstances and conditions vary, giving the life-energy an apparently distorted condition. The energy undergoes no actual change; but the apparent change is only due to the real change in the subtle atomic essence. The subtle and gross atomic essences of matter that compose the human system are mingled, intermingled and alternated according to some definite natural law so as to serve the various natural purposes and functions of the body with a view to make the life-energy working through it carry on its functions in perfect union and harmony. To sum up, the derangement of some function of the body is due to the derangement or rearrangement of matter in one or more organs of the system.

So the three material forces that govern the system are Vata, Pitta and Sleshma which really help the system to carry on its various functions.

To make it clearer, I should roughly say that the vital force Vata represents the all-powerful nervous force; the equalizing force Pitta represents the all-pervading circulatory function; and the cohesive force, Sleshma connotes the all-engrossing muscular energy. These statements, though not very accurate, are made here to give a tangible form to my thoughts and ideas.

These three material forces serve three distinct functions in the system. Sleshma denotes creation and development; Pitta represents equalization and reparation, and Vata connotes disintegration and dissolution. The functions of the three forces being marked and various, they are treated separately and in detail in all standard works on Ayurveda.

The causes that lead to the derangement or rearrangement of Vata, Pitta and Sleshma are various and they are explained in detail in Charaka, Susrutha, Vaghbata, Madhava, etc. These primary causes are what are known as Nidana. These primary causes, when they affect the Doshas and interfere with the Dooshyas, to a slight extent, produce a condition in the system which is called Poorva Roopa or incubatory or premonitory symptom. The real connotation of premonitory symptom goes thus far and no further; but in practice the affection of Dooshyams to a greater extent is also taken into account which varies according to the nature of the disease. Vata, Pitta and Sleshma are technically known as Doshas. The Dooshyas are chyle, blood, flesh (including muscles, etc.), adipose tissue, bones, marrow and semen. They are so called because Doshas by their derangement bring about a morbid condition in them. The Doshas affect also the Malas such as fæces, perspiration, etc., which are effete matter. When the Doshas affect the Dooshyas and Malas by bringing about a morbid condition in them then the symptoms (Rupa) peculiar to each disease become perceptible and marked. The ways by which the primary causes produce derangement in Doshas which in their turn affect the Dooshyas and Malas, or in short the modes of orgin, growth and development of a disease, are called Sampraptbi. The primary causes affect the Doshas then they affect the Dooshyas and Malas which in reference to one or more organs produce a disease.

In diagnosing a disease accurately all these points are to be carefully noted—

(1) Dooshya which I have explained supra.

(2) Desa, the place where the patient lives; which fact is also of great importance as the physical features and climatic conditions also exert great influence on the patient.

(3) Bala—physical strength of the patient which enables the doctor to arrive at a correct estimate of the disease.

(4) Kala—(season) as each season exerts great influence on the body, a thorough knowledge of which also is necessary.

(5) Anala—(the digestive power). It enables the doctor to fix the dose and regulate the diet.

(6) Prakriti—(constitutional peculiarity) a knowledge of which is essential for the selection and rejection of medicines, etc.

(7) Vayas (age) enables the doctor to form a correct estimate of the prevailing predominant Dosha.

(8) Satva (temperament) enables the doctor to correctly estimate the intensity of disease.

(9) Satmyam (habit) for drawing correct inferences from the various symptoms.

(10) Ahara (food) a knowledge of which helps the doctor to form a correct estimate of the derangement of Doshas, etc.

The correct estimate of these factors together with the primary causes that led to the derangement of Doshas and the consequent affections of Dooshyas and Malas together with the origin, growth and development of a particular morbid condition in reference to one or more organs of the system gives the doctor the full knowledge of the pathological condition which is technically known as diagnosis.

The animal, vegetable and mineral kingdom possess Doshas either patent or latent; the judicious administration of one or more of these according to the rules of treatment bring about order in the deranged Doshas of the patient producing the normal condition. In some cases the Dooshyas also will have to be restored to their normal condition by careful administration of medicine.

Diseases are broadly classified under two heads. Nija or diseases that are caused by internal conditions; and Agantuka—those that are caused by external ones.

Again, for the correct diagnosis and treatment, a disease should be viewed from other stand-points also—

(1) Hetu Vipareetham.—By carefully studying the cause of the disease such medicines as will produce the opposite condition of the actual cause must be administered. In this connection it is to be remembered that there are two kinds of causes (1) internal, and (2) external; and the medicine should be selected with a view to bring about the opposite condition of one or the other according to necessity.

(2) Vyadhi Vipareetham.—By studying carefully the nature of the disease through its symptoms; medicines to be administered with a view to produce the opposite condition of the disease itself.

(3) Hetu-Vyadhi Vipuryastham.—In certain diseases, the cause and result will have to be taken both into account. In such cases medicines that will produce the opposite of both cause and effect will have to be adminstered.

In certain diseases the cause will disappear after producing the disease, and in other cases the cause will be persistent in producing the disease repeatedly. In the former case disease alone should be treated, while in the latter case both the cause and disease should be treated with such medicines as will produce the opposite condition of both.

(4) Hetu Thadarthakari.—The Thadarthakari medicine is that which produces the same condition. The principle that is involved here is 'Similia Simlibus Curantur'. In this particular case medicines that will produce the same condition as the cause itself should be administered. Here also the cause may be internal or external.

(5) Vyadhi Thadarthakari.—Medicines that will produce the same conditions of disease will have to be administered for its cure.

(6) Hetu-Vyadhi Thadarthakari.—In this particular case medicines that will produce the same condition of cause and disease are to be administered. The cause and disease are to be separately treated as in 3 supra. The subdivisions (4), (5) and (6) are greater amplifications of the homeopathic principle enunciated above. This shows that the ancient Hindus have had a clear notion of 'Simlia Simlibus Curantur'. Allopathic treatment is more or less confined to subdivision (2), where medicines are given to produce the opposite condition of the disease. The subdivisions (1), (2) and (3) give in detail the principle of treatment according to allopathy which is partial and incomplete.

It is to be remembered that in all the cases, treatment is not the only method thought of; diet and exercise or rest are also to be taken into account. This mode of studying a disease from all its 24 standpoints will give the doctor a clear conception of it. This is what is known as Upasayam.

Ayurvedic doctors do not administer medicine directly to exterminate the bacteria causing a certain disease in the human system. All that they aim at is to bring about a normal healthy condition of the body so that the disease-causing bacteria may find it no longer, possible to thrive there. The atmosphere is full of bacteria, but they do not find it possible to thrive in a human body for the healthy normal condition does not permit them to do so.

Nature tries to make up the deficiency in or to get rid of the excess of Doshas and Dooshyas in the animal kingdom through those herbs that grow around. Judicious use of these sets them right. Man has eyes, but does not see. Treatment is nothing but adjustment. It is simple. Nature does everything for him; the vain man thinks too much of his skill and power: and poor patients suffer.

The subject of Ayurveda is so vast and deep and the time at my disposal is so short that I have attempted to give here only the nucleus of my idea about it.

It is not reasonable to think that every phenomenon or truth can be explained fully in the light of modern partially developed science. When modern science reaches its height of development and glory it will be in complete unison with the Hindu science of antiquity.

There are more things in Ayurveda than are dreamt of in the modern science.

(1) All sections of the Indian public, irrespective of caste, creed or colour, take advantage of Ayurvedic system of medicine.

Namboodiri Brahmans of Malabar.	Eurasians.
Brahmans.	Jews.
Nayars.	Pulayas.
Eazhavas.	Parayas—and all the sub-sections of the above.
Muhammadans.	
Christians.	

Figures of patients from all sections treated in Government or aided Ayurvedic institutions alone in Travancore for the year 1096 M.E. corresponding to 1920–1921 are given below:—

(1) *Ayurvedic hospital and dispensary, Trivandrum*—

(*a*) In-patients, 115.

(*b*) Out-patients, 29,151 (of whom 12,129 were men, 8,970 women and 8,002 children).

(2) The number of persons served by the Ayurveda Pharmacy, Trivandrum, was 16,651.

(3) The total number of patients treated in the grant-in-aid Ayurvedic institutions of the State is 170,641 including 5,190 patients treated for poison cases.

In the Native State of Travancore, the Ayurveda system of medicine is encouraged by the Government and its benefits are enjoyed by all sections of people from the State and outside. Further encouragement and development of the system will, it is hoped, give greater facilities for treatment and make it more useful to suffering humanity.

All sections of the Indian population now resort to the Ayurveda hospitals and dispensaries. A considerable number of Eurasians and others also avail themselves of these institutions. All classes of people repose faith in the system, and given sufficient facilities and proper encouragement the Ayurvedic system of treatment will be to the benefit of all classes.

II. Only by careful and systematic study the Ayurvedic system can be restored to a high level of recognition. There is a Government Ayurvedic college in this State where Ayurveda is taught free and scholarships are also given to deserving candidates.

In the Ayurvedic college at Trivandrum all the eight divisions (Ashtangas) are taught in the course of five years. Besides lessons in theory the students are given practical training in the State-maintained Ayurvedic Pharmacy, where all kinds of medicines are prepared; they pick up practical clinical study in the State-maintained Ayurveda hospital to which an out-patient department is also attached. In addition to this, facilities are provided for practical identification of medicinal herbs and roots in the Ayurveda Botanical Gardens maintained by the Government.

In Travancore, Cochin and Malabar, Ayurveda was not quite extinct and so it is not impossible to get Vaidyans trained in all these eight branches of study. There are specialists who are reputed for a thorough knowledge of the ancient works on Hindu medicines and also as successful practitioners, such as the famous Ashta-Vaidyans of Kerala (all-Malabar), who from time immemorial have been practising indigenous systems of treatment.

It is highly necessary that students of general culture (preferably graduates) should be taught the science of Ayurveda for some years so that they may make use of their intelligence and knowledge for the development of Ayurveda. In Travancore, Cochin and Malabar, graduates as a rule have not taken to the study and practice of Ayurveda; graduates with experience and knowledge of the modern world will be required as exponents of Ayurveda till the system is brought to a level of recognition at the hands of the scientific world. The old school pundits are unable to expound the principles involved in the system in a modern scientific method. Modern scholars who make an amateur study of Ayurveda do it so perfunctorily that they are unable to do justice to it. So it is clear that Ayurveda should have proper expounders, for which, as I have stated, some intelligent graduates should be enabled to resort to its study. The reason why graduates of these parts do not take to it is that even after a course of five years in the Ayurveda college their prospects are limited in comparison to the encouragement given to the followers of the Allopathic system.

My first suggestion therefore with regard to the improvement and development of Ayurveda is to help graduates, for some time, to resort to its study, holding out at least sufficient pay which will enable them to live a decent life. And for this, governments, private bodies or rich individuals should take the head.

With regard to the incorporation of scientific discoveries in Ayurveda, I am of opinion that it is the first duty of every lover of Ayurveda to study it in the proper fashion and understand the level it attained to in those ancient days. Any incorporation of new ideas into the system now in vogue without knowing the exact condition of Ayurveda at present would prove to be either harmful or unprofitable. What I mean is many so-called modern incorporations might have had a place in the ancient science and hasty additions and accretions might be contradictory to the principle of Ayurveda. In Kerala there are many works on Ayurveda that have not yet seen the light of day. They contain much useful information that is absent in printed works. An All-India Committee should be appointed for the publication of all available Ayurvedic works in India as correctly as possible. The works must be thoroughly analyzed with a view to enunciate the scientific principles underlying the system. As far as I know, the underlying principles of Ayurveda have not been properly and succinctly dealt with in any work in Sanskrit. An intelligent student can glean these truths from here and there. Separate works must be written based on these old works with supplementary information from manuscript copies of unpublished works. For convenience I have divided the science of Ayurveda into five sections for preparing the syllabus of my college in Trivandrum. They are :—

(1) Sarira Vinjanam.—Anatomy, Physiology and all those items of knowledge regarding human body as can be collected from old works.

(2) Dravya Vinjanam.—Materia Medica and all the items of knowledge regarding the medicinal herbs, roots, minerals, ores, etc., as can be collected from works on Ayurveda.

(3) Arogya Vinjanam.—Personal hygiene, sanitation, and all the knowledge required for healthy longevity as can be collected from Ayurvedic works.

(4) Roga Vinjanam.—Pathology, the cause, origin, development and history of various diseases with their symptoms as seen in Ayurveda.

(5) Bhaishagya Vinjanam.—Treatment. The various methods of treating diseases including the administration of medicine, dietetics, exercise and also surgical operations for such diseases as may require them with the necessary precautions as seen in Ayurveda.

These five broad divisions embrace all the branches of Ayurveda. The five divisions include subdivisions which are not dealt with here lest this should become voluminous.

What I mean is that the science of Ayurveda as it is now known should be thoroughly analyzed and sifted so that an exact knowledge of it may be gained before any additions are made to it.

Before knowing the science in all its exactness it is not advisable to suggest any incorporation or addition. One has to be exceedingly careful to modify a system that has stood the test of thousands of years. Our ancestors, as far as I have been able to gather from the works on Ayurveda, have very intelligently studied and discussed the subjects in all its aspects and enunciated valuable rules and principles for our guidance in the art of treatment.

Malabar is peculiarly fortunate in having had many reputed scholars of Ayurveda. They have written many works which give us useful information on the subject. I have collected many such works and hope to publish them one after another. In one such work I find quotations from many works which are not now extant. So I am strongly of opinion that the level of Ayurveda should be first determined before any attempt at its modification is seriously thought of. The task that I have suggested is by no means easy. It is one which requires the co-operation of all learned Pundits of India for its successful termination, and I shall be very glad to render all help, however humble, to carry on this work.

III. It is no exaggeration to say that almost all diseases are successfully combated by Ayurvedic medicines. Allopathic doctors are as a rule called only for surgical help whenever they are absolutely necessary. I do not mean to say that patients do not die under the treatment of Ayurvedic Vaidyans ; such diseases are either incurable, wrongly diagnosed, or carelessly treated. What I maintain is that the system has intrinsic merits which could not be gainsaid. Fever including Typhoid, Rheumatism, Leprosy, Jaundice, Diabetes, Urinary complaints, Asthma, Eye diseases, Throat diseases and a host of other diseases are successfully treated by Ayurvedic Physicians. Typhoid fever, for instance, can be more safely treated under the Ayurvedic system than under the Allopathic ; the special rules of diet, coupled with certain quaths, have worked wonders. Jaundice is cured in one or to days and advanced cases in five days if treated according to Ayurveda. Rheumatism is very succesfully treated in Malabar ; prepared oils are very efficacious. Pinda Swadom and Thaila Swadom are treatments peculiar to Kerala and these have been very successful in curing rheumatism. Thuvaraka oil (Choulmungra), administered according to the dictates of Ayurvadic doctors, has cured several cases of Leprosy.

Eka Nayaka roots properly administered is a wonderful remedy in diabetes ; it takes away the sugar in no time, and gives tone to the system. Poison treatment is nowhere more successful than in Malabar. Many works on poison treatment are in manuscripts which have not been published. All eye-diseases are very effectively treated according to the Ayurvedic system. Instances may be multiplied to any extent.

IV. The extent of the development of Ayurveda is not exactly known now. As I have stated a methodical and systematic study of all the published and unpublished works is necessary to make a correct estimate for which I have invited your attention. The more I learn Ayurveda the more extensive it appears and the large number of manuscript copies I have collected only confirm my opinion. If a body of well-equipped modern scholars would work uninterruptedly for a period of 25 years by carefully examining all the published and unpublished works in India, then they may be able to find out the exact state of Ayurveda as it was in India.

Before the advent of the Britishers the condition of India was most unsettled. During that period India sustained great loss in all departments of human knowledge. Many valuable literary works,—works on Fine Arts, Astronomy, Astrology, Mathematics, Medicine, etc., were ruthlessly destroyed. Medicine suffered most, many well-known works on Ayurveda like Aswina Samhita, Dhanwamthari Samhita now exist only in name. The loss is indeed great—indisputably great. The practical side of medicine also deteriorated. Physiology and Anatomy were forgotten. Government encouragement grew less and less. Indigenous systems of treatment were thrown overboard. Other systems took the place ; still Ayurveda is able to maintain its own. Even to-day it is no exaggeration to say that 90 per cent of the population of India resort to treatment according to the indigenous system. Ten per cent alone receive alien kind of medical aid as is clearly stated in the recent discussion in the Madras Legislative Council.

The causes therefore that led to the downfall of Ayurveda are numerous. The first and foremost cause of its downfall is want of patriotism and faith in indigenous systems on the part of Indians. The second cause is want of proper encouragement from either Government, public bodies or private individuals. Thirdly, the humanitarian side of Indian intellectual life has of late received a materialistic baptism under the influence of Western culture and civilization producing at the same time the enevitable result of natural contempt for our literature, science and art and a blind admiration for everything Western. I do not want to underrate the foreign influence and culture ; I admit that foreign science and culture has enabled us to study and understand our science, customs, manners and our literature in a better light. The knowledge of the world is nobody's monopoly ; it behoves us to make use of the knowledge of the world for our enlightenment, but at the same time it is incumbent on us to keep our individuality and safeguard our culture.

Most of the points relating to this question have been answered in question No. 3.

V. Human Anatomy and Physiology as seen in the works on Ayurveda are not adequate. In the local Ayurveda college an Allopathic doctor (M.B. and B.S.) has been appointed, at my instance, to teach Anatomy and Physiology with practical lessons in Dissection. An elaborate knowledge of Anatomy and Physiology is absolutely necessary for which a study of Western method of surgery must be resorted to. Indian Materia Medica and Pathology are sufficient for our purpose at present. After a thorough scientific investigation of the present system of preparing medicines it may or may not necessitate the introduction of the extraction of active principles and tinctures. The introduction of this scientific method presupposes a natural superiority of the system over the old method of preparation which is to be modified or altered if necessary only after methodical investigation of its merits and demerits.

The deficiencies of Ayurveda can be correctly understood only after careful study of all the existing works which, as I remarked, must be studied with religious zeal. Many of the so-called deficiencies may not be real, as most of the unpublished works will remedy the apparent defects. Any inadvertent step taken with our present inadequate knowledge will prove fatal.

Since the conditions of the modern world are quite different from those of good old days, such changes as are compatible with the principles enunciated in Ayurveda may be effected in the practice of medicine to suit modern requirements. The subject requires elaboration and, if necessary, I shall send in due course an exhaustive list of books and other necessary information.

VI. A Committee consisting of able and enthusiastic scholars from different parts of India should be formed for the collection and collation of all unpublished works. They should be carefully corrected and published at the expense of the Committee. It should be more a labour of love. Such a strong committee will naturally serve to restore and uplift Ayurveda to a considerable extent. As I have pointed out supra separate text-books should also be prepared and published on the lines suggested.

VII. For the use of the Ayurveda Pharmacy in Trivandrum, crude drugs are either purchased from the bazaar or obtained by deputing experienced persons to fetch them direct from the forest areas. Rare herbs are cultivated in the gardens maintained by the State for the use of the Pharmacy.

(*a*) Standardization is a great necessity. Medicines prepared in Trivandrum, Madras, Calcutta, Delhi, Bombay and other places have different physical properties. Whether the therapeutic properties differ in these cases cannot be said as no methodic investigation has been made.

A Committee of physicians of repute and erudition after long experiments will be enabled to arrive at a method of standardization of preparations and fix the therapeutic and lethal doses of drugs and preparations. Before that could be done many of the crude drugs are to be identified ; for instance, what is known as Bramhi in Malabar is not exactly the name for it in Calcutta ; apart from the properties of herbs due to climatic conditions in different places, there

is a large degree of divergence of opinion as regards the genuineness of the herbs themselves. The herbs and other crude drugs should be once for all identified and then their doses should be fixed. There are many herbs, roots, etc., that are made use of in Malabar for treatment that do not find a place in the Calcutta method of treatment and vice versa.

Similarly with regard to other parts of India. All the differences must be settled and all those that are made use of in different parts of India should be included after thorough investigation.

(b) To ensure purity and genuineness, responsible bodies must alone be entrusted with the preparation of Ayurvedic drugs. Once the preparations are standardized this difficulty would vanish.

With regard to standardization it is now possible only to fix the physical properties, as the chemical properties of prepared medicines vary according to the difference in climatic condition of regions where they grow. Moreover, it is a very difficult task to analyze chemically all the Ayurvedic preparations and fix the various constituents that go to make them up. Most of the physical properties of the preparations can be carefully noted for guidance and the doses fixed either from experience or by consulting works on Ayurveda. A thorough investigation of the chemical properties, though desirable, is a serious problen involving money, time and the services of experts. The result of such an investigation cannot also be foreseen from a utilitarian standpoint.

VIII. Ayurvedic medicine is much cheaper than other systems of medicine. The figures of the Ayurveda hospital for two years are given below which will convince anyone of its comparative cheapness :—

	1095 Malayalam Era.	1096 Malayalam Era.
Number of in-patients treated ...	103	115
Number of out-patients treated ...	25,161	29,151
	RS. A. P.	RS. A. P.
Worth of medicines supplied to the Ayurveda hospital and dispensary.	7,662 2 10	8,842 1 8
Average daily cost of dieting per in-patient.	Chs. 7, C. 1 i.e. (As. 4)	Chs. 7, C. 4 i.e. (Annas 4 Pie 1).
Average daily cost of out-patient...	Anna 1 pies 2.	Anna 1 Pies 3 per 6 doses of medicine.

Some Ayurvedic preparations are sold at prohibitive prices. They do not really cost so much. For instance, Makaradwaja sold in Calcutta and other places for Rs. 24 per tola, cost only Rs. 3 per tola when prepared in the local Ayurveda Pharmacy. Those physicians who view things from a materialistic commercial point of view cannot be expected to sell medicines at reasonable profit only and to help the progress of Ayurveda.

IX. Hitherto there was no systematic method of teaching Ayurveda. One teacher calls together a number of students and teaches them at his leisure and seek their help in the preparation of those medicines that he requires for his patients. After a few years the students pick up his method of treatment and go out to eke out their own livelihood as physicians. This method had its own advantages and disadvantages.

Now a college for the teaching has been organized in Trivandrum where students have to undergo a course of five years. All the existing works have been analyzed in the above given way and taught in the manner in which instruction is imparted in a modern college of regular studies. The students are given practical lessons in the Pharmacy, Ayurveda Hospital and Botanical garden as also in the dissection class.

There is at the end of the High School course (third year) a Government examination, by passing which the title of "Vaidya Sastri" is given to the successful candidates. In the next two years constituting the college course proper, the students devote to higher studies at the end of which course there is another Government examination and the successful candidates are awarded the title of "Vaidya Kalanidhi". With this knowledge both theoretical and practical gained in the course of five years they go out as physicians. Any one of the "Vaidya Kalanidhis" can specialize himself in any branch of Ayurveda, and after a period of two years submit a dissertation embodying the result of his personal investigation and experience, which, if accepted, will entitle him for the highest qualification of 'Ayurveda Acharya'.

Every year there is the annual examinations, success in which alone will ensure their promotion to the higher classes.

There are also two grant-in-aid High Schools containing the first three classes alone affiliated to the Central Ayurvedic College at Trivandrum.

In this State of Travancore there is an Ayurvedic Department supported and maintained by Government of which my humble self is the head called the Director of Ayurveda with a separate establishment. I have organized the whole department and under me there now exists :—

(i) An Ayurvedic college and two Ayurvedic Grant-in-Aid High Schools teaching students for the 'Vaidya Sastri' title examination.

(ii) An Ayurveda Pharmacy for the preparation of medicines of all kinds, for the use of the Government Ayurveda hospital and dispensary and for the general use of the public.

(iii) An Ayurveda hospital and dispensary where in-patients are treated and out-patients are given medicines free of cost.

(iv) An Ayurveda Botanical garden for familiarizing students with all kinds of medicinal herbs and roots, etc.

(v) A number of grant-in-aid Vaidyasalas (81 in number at present, of which nine are exclusively devoted to the treatment of poison cases) scattered throughout the State for rendering medical aid to the general suffering public.

The whole department is organized and worked as far as possible in the modern method to suit the convenience of the public.

The Government Ayurvedic examinations of the college are all conducted under my supervision and guidance. I am directly responsible to the Government for the working of the department. So the whole department is, as it were, centralized in me as the Director of Ayurveda.

This method of organization will, I hope, prove satisfactory as I speak from personal experience.

X. (*a*) Students will be coming forward to study Ayurveda, if they are properly encouraged after their course. There are any number of students in Travancore which alone necessitated the opening of private Ayurvedic schools by public bodies outside the capital. Those High Schools receive grants-in-aid from Government.

(*b*) Qualified and well-read teachers are available to teach the subject. The College turns out a few every year to take up the work of teaching and practice.

(*c*) That depends upon the equipment of the Ayurveda hospital. If the Ayurveda hospital is properly maintained and equipped any number of in-patients can be had. The Ayurveda college students can be taken to the hospital for their clinical study.

From my experience I should say that the students turned out of the college under the present system of teaching are more competent for their work. With a little more experience they will be very useful members of the society.

The cost of the college varies according to conditions and places. For a successful college, a Pharmacy, a Botanical garden and Ayurveda hospital with a free dispensary should be attached to it. Mere college education, i.e., theoretical knowledge of this practical science will not stand them in good stead in after-life. So provision must be made for their practical course in the Pharmacy, Botanical garden, dissection room, and hospital and dispensary. So it is clear that in calculating the cost of maintaining an Ayurvedic college these essential factors also should be taken into account.

A modest account is given below. To conduct a college of five years' course in Ayurveda there must be six Professors and an Allopathic doctor to teach Anatomy and Physiology and Dissection.

	RS.	
Principal	250	per mensem.
Vice Principal	200	"
First Assistant...	150	"
Three other Assistants, each	100	"
Lecturer in Anatomy and Physiology, etc. ...	150	"
The total comes to	1,050	"
Annual cost	12,600	
Equipment of the college, library, etc. ...	1,000	
Contingencies	250	
Total ...	13,850	

Hospital.

	RS.	
One Chief Vaidyan	100	per mensem.
Assistant Vaidyan	75	”
Two compounders	25	each.
Two warders	20	”
Two nurses	20	”
Six menials	15	”
Total ...	395	
Annual ...	4,740	
Contingencies ...	160	
Total ...	4,900	
Medicines for free distribution	12,000	
Hospital in-patients, dieting, clothing, etc. ...	1,100	
Miscellaneous	300	
Total ...	18,300	

There should be a Pharmacy also where medicines prepared can be sent to the hospital for free distribution to the extent of Rs. 12,000, and the rest of the prepared drugs can be sold to the public at a reasonable gain which will enable the Pharmacy to incur no additional expenditure for the staff. If the sale proves large there will be a steady source of income from the Pharmacy.

For the Botanical garden the annual expenditure will not be more than Rs. 1,000 per year. The total expenditure will be—

	RS
College	13,850
Hospital	18,300
Garden	1,000
Total ...	33,150

Including unforeseen expenditure, etc., it will not be more than Rs. 35,000. In the above calculation, the site, building, equipment of hospital and the pay of the controlling authority are not included. They are to be adjusted according to the local conditions and circumstances.

The institutions worked on the above model will prove useful and beneficial.

XI. Students who have general culture in the modern sense of the term should alone be admitted. Graduates are preferable, but at least they should be matriculates with thorough grounding in Sanskrit.

General period of study in the case of ordinary students should be five years during which period alone they can be expected to master the science and practice of Ayurveda: In the case of graduates with thorough knowledge of Sanskrit, the period may be fixed at three years for a limited period. The medium of instruction should be the vernacular of the country where the college is located.

XII. A general knowledge in Physics, Chemistry, Biology, etc., are essential. It is with this idea that I suggested that the students who go in for the study of Ayurveda should be matriculates or preferably graduates. Power of generalization is obtainable only through general culture, and the absence of such general culture in modern Vaidyans is one of the causes that brought disrepute to the system itself.

Human Anatomy and Physiology should be taught carefully and accurately and I have therefore included them in the syllabus of studies.

I must say frankly that I do not like patch-work. If a thing is to be done at all it must be done well. So the students selected should have general knowledge in the modern sense of the term. It is no good allowing half-educated pupils to go to some medical school, where they will be given a few lessons in such important subjects as Physics, Chemistry, etc. Such scrapy knowledge obtained by attending a few lectures will not be of any avail. It is absolutely necessary to have scientific training of the mind for any man to shine in any profession. So I am strongly of opinion that students of general culture should alone be admitted.

XIII. The course of study should be for five years. After three years the diploma examination should be held and the successful candidates be given an Indian title like 'Vaidya Sastri' which should enable them to be the assistants of some Senior Physician. So that examination should more or less be corresponding to the L.M.P. of medical schools. After five years the students should have another diploma examination and the successful candidates should be given a title like that of 'Vaidya Kalanidhi' corresponding to the M.B. & B.S. standard of the Medical College. Those candidates who have undergone a complete course of training for five years should be allowed the chance of specializing themselves in one or more branches of Ayurveda. On the merits of the dissertation submitted by them after original investigation, they may be given a title like the one of 'Ayurveda Acharya' which should be the highest distinction recognized for scholarship in Ayurveda. I think Indian titles are more appropriate for Indian sciences and arts. The title of 'Pranacharya' is to be given to those successful Ayurvedic practitioners of to-day who are unable to appear for any examination, out of deference to their age and merits as a sort of encouragement and appreciation of their talents. It is no use unnecessarily imitating western methods and customs that are alien to Indian culture and tastes.

XIV. Though more than 75 per cent of the Indian population get medical aid from Ayurvedic practitioners, yet they are not able to command that respect which their Allopathic brethren have. It is indeed very sad Ayurvedic practitioners are, as a rule, pious and God-fearing and they have not been taught fortunately the ways and means of undue extraction of money from poor patients. These poor souls are content with what little they get for their meritorious services. Thirdly Indians of any position consider these practitioners as men of inferior position and status.

Allopathic practitioners are considered superior persons even by educated Indians. The fault lies in our admiration for everything foreign, and contempt for everything Indian. Another point also cannot be left unnoticed. The poor Ayurvedic practitioners have no general education and so they may perhaps be ignorant of the conditions of the modern world. That materially makes them go down in the estimation of the educated public. The standard of our judgment varies in the two cases ; we do not respect and admire an Ayurvedic Doctor for his intrinsic merits in the art of treatment he practises, but depreciate him for his lack of information and general culture. In the case of Allopathic Doctors opposite is the case. Indians respect them more for their style and general culture than for their professional knowledge.

The fault of the Indians should be remedied by learning to respect their Hakims, Kavirajs and Vaidyans. The Vaidyans also on their part should try to be modern men so that they may keep apace with the modern world. All these can be easily accomplished by giving sufficient training in Ayurveda to a few graduates, who I am sure will do much for India by commanding respect and doing useful work. It is no use teaching Ayurveda to those students who have no general culture. Such practitioners however capable they may be, will not be able to hold their own or advance the cause of Ayurveda. The graduates who take to Ayurveda as a profession will be the pioneers of a future generation who will resuscitate Ayurveda and bring it back to its ancient glory. The other disadvantages now felt are :—

(1) They have no ready-made standardized medicines for use. Each man prepares his own medicines in his own way. No physician can treat a patient successfully with the medicine prepared by another ; when the Vaidyan fails, he attributes the fault to the preparation. In these modern days the relatives of the patient could not afford or find time to prepare the medicines prescribed by the Vaidyan. In fact the Allopathic Doctors have all these advantages. From the All-India Ayurvedic Committee suggested by me standardised Ayurvedic medicines should be issued at a small profit so that every Indian should be able to purchase and practise. When this one important defect is removed all the others will vanish.

XV. Registration of practitioners is not to be thought of now till we have qualified medical practitioners in Ayurveda to satisfy the needs of the public. When the College is established and the standardised medicines are issued in large quantities a time will come when there are a good number of reliable and the successful Ayurvedic practitioners who are working for the good of the country. Then it is time to put a stop to quacks and spurious medicine-vendors. The fatal step of medical registration will seriously handicap the progress of medicine. Even the so-called quack doctors are no menace to the well-being of society.

The All-India Ayurvedic Committee which consists of members, from all parts of India should recommend to the Committee for the award of titles to such of the successful practitioners as are known to them. Their recommendations must be given due importance and such Vaidyans must be honoured with titles, medals, etc. This is the only possible course opened for sometime to come.

The Committee should consist of honourable men with honourable motives. The titles and medals, etc., given by them will have their own value. If it is found impossible to constitute such an efficient committee it is a sure sign that it is not yet time for the regeneration of India.

XVI. Governments and Municipalities should open dispensaries and hospitals in important places and towns (municipal areas). They should recognize the Vaidyasalas in their jurisdiction

and give the Vaidyans substantial grants-in-aid. There should be some one appointed to inspect their work periodically and the Vaidyans in their turn should submit monthly returns to the controlling authority. Rich individuals can do similar help to promote Ayurveda. Universities should affiliate to them such colleges where Ayurveda, both theoretical and practical, is taught and be prepared to give degrees to the successful candidates after the prescribed course of study. Intermediates and Graduates in Arts alone should be selected for such courses. Prizes and Medals should be awarded for researches and discoveries in Ayurveda. Post-Graduate scholarships are also to be given for Ayurvedic studies in the various Indian Provinces and States.

(25)

M.R.Ry. VAYASKARA MOOSS Avargal, KOTTAYAM.

Q. 1. Ayurveda.

Q. 2. (*a*) Health is the state of equilibrium of body with respect to " Vatham, Pitham and Kabham " which are connected respectively with nerves and muscles, digestive organs, and respiratory organs chiefly. Disease is the disturbance of this equilibrium (1) by abnormal weather conditions of cold, heat humidity, (2) by improper use of the sensory organs, (3) by impropriety in word, deed or thought. In this is implied the usual experience of ill-health owing to bad air and water, unsuitable food and physical or mental excitement.

The terms " Vatham, Pitham and Kabham " are often misunderstood. They refer to conditions of body merely and the classification is chiefly useful in determining the properties of the Indian Materia Medica. The theory has stood the test of experience of ages and cures based on the same have always proved effective. To search for an anatomic basis of the above fundamental divisions is merely of academic interest.

(*b*) In our system diseases are divided into—

(1) main heads, (2) subdivisions. With reference to the main head (1) the causation and (2) the symptoms common to each main head are clearly stated. Then each subdivision is clearly described and treatment for it is given in full detail. When only some of the common symptoms for each main head are observable there is a course of preliminary treatment which, by its effect on the condition of the patient, will clearly show the nature of the particular ailment. A personal examination of the patient in respect of pulse, tongue, food and bowels, personal habits, general tone of health and the particular complaints, immediately reveals the ailment in most cases and the preliminary treatment mentioned above reveals it in others. When the disease is thus spotted out the prescribed treatment effects the cure invariably.

For the past many years our family profession has been the practice of Ayurveda. On an average about 1,000 patients per year have been treated. It is for others to judge of the efficacy of the treatment but it may be added that failure in cure has very rarely been our experience.

The efficacy and popularity of Ayurveda must be clear from the following :—

(1) Ayurvedic doctors are very few and far between and the preparation of Ayurvedic prescriptions are extremely inconvenient at present. On the other hand, Allopathic doctors and hospitals are comparatively near at hand everywhere and ready-made medicine, it is quite easy to procure. Nevertheless, educated rich and respectable patients resorting to our system are, it has been observed, ever on the increase out of proportion to their increase in the general population.

(2) There have been many cases in the history of the Ayurvedic practice in our family of persons suffering from ailments declared incurable by eminent Allopathic doctors, resorting to our treatment and getting cured.

(3) There have also been cases—not inconsiderable—of eminent allopathic doctors themselves seeking our aid successfully in ailments in their own cases and in the cases of those dear and near to them.

(*c*) Undoubtedly.

The Ayurvedic system is suited to the Indian climate which mainly determines the food, dress and the physical conditions in India. When diet considered light for persons accustomed to cold climate, heavy clothing and the digestion of food like flesh, wheat and fat, is prescribed to persons of different habits in cases of fever, dysentery, etc., cure has become difficult. Our system has been found to be efficacious in such cases. In cases of rheumatism the Ayurvedic system has certainly wonderful effects and it has been acknowledged by eminent allopathic doctors themselves seeking our aid in such cases.

The Ayurvedic medicines being chiefly derived from herbs and substances (in their natural state) in which there is the equilibrium of the fundamental principles, as in the healthy human body but in each of which some particular principal is strong, it appears—as proved by experience—that while cure is always certain when the Ayurvedic prescription is correct any error in proportion in prescription or in diagnosis leads to much less serious consequences than in allopathic prescriptions.

Q. 3. (a) Persons from various parts have been coming here for the last good many years to study Ayurveda to get training in the preparation of medicines and to learn treatment of patients at first hand and have returned as physicians. We are honorary advisers to the Sirkar Ayurvedic Patasala in Trivandrum (Travancore) and many others.

(b) (1) and (2) A list of such institutions is required before this question can be answered. However in view of the fact patients and propective Ayurvedic physicians go here from very distant parts, the impression is inevitable that medical relief and education provided in the existing institutions are quite inadequate.

(c) No.

The remedy is obviously the establishment of (1) some Ayurvedic colleges (near hill stations where the important herbs can be had in plenty) with factories for distillation, etc.; (2) Ayurvedic schools, say, one for every district or one million of people; (3) an Ayurvedic dispensary by the side of every allopathic dispensary or as a branch of it at present. It may be confidently stated that Ayurvedic dispensaries will very often displace allopathic ones which may eventually be closed one after another.

Q. 4. (a)

(1) Yes.

(2) Yes.

(3) Yes.

It is not easy to answer this question satisfactorily without an authorized list of the existing institutions. Nevertheless, the development of at least a few of the institutions like the one at Trivandrum into ideal ones ought not to be unattainable in the very near future.

(b) (1) & (2) If, owing to any reasons, the realization of the ideal—which, of course, means funds—has to be postponed, something can certainly be done with respect to each institution by way of provision of facilities for; (1) the development of the residential system for the staff and students; (2) the improvement of libraries and museums; (3) the accommodation of patients receiving treatments in the dispensaries that must be attached to the institution; (4) a thorough initial inspection—and then periodical inspections—by a committee of Ayurvedic and other medical experts.

5. We are not in disagreement with the view of the Calcutta University Commission as the basis of Ayurveda is really scientific and not empirical. There is ample evidence that the founders of Ayurveda thoroughly examined every item of the Materia Medica with respect to "Rasam, Veeram, Vipakam and Prabhavam" singly and in combination; and also studied carefully the diseases generated by the disturbance of the fundamentals (Vatham, Pitham and Kabham) singly and in combination by external circumstances; and then established a system of treatment which has very successfully stood the test of ages. Further there is ample scope for experiment on the Ayurvedic Materia Medica on modern lines by doctors versed in both allopathic and Indian systems with a view to the preparation of new specifics and the elucidation of the reasons for the efficacy of the existing specifics. Of course, it does not follow that if there are some Ayurvedic specifics which defy the test of analysis on modern lines but which however are quite effective in cures, they are not to be given up on the score of non-analysability.

The unified treatment referred to in the query seems possible but advance in the comparative study of all the systems is necessary before the *modus operandi* can be decided on.

Q. 6. Yes. Surgery, Anatomy and Pathology are subjects in the Indian system already.

(a) We should like to see a detailed syllabus of the examinations referred to before preparing the syllabus required.

(b) Further this would be better done in sub-committee.

(c) Books on Indian medicine are now in Sanskrit some knowledge of which is essential before the system can be studied. Indian vernaculars may be employed as media of instruction. A colloquial knowledge of English will be of use.

Q. 7. The registration is essential. Every licensed practitioner must be required to keep a register of patients under his treatment with particulars about the diagnosis, prescriptions and result of the treatment.

(a) A Registration Board of a few prominent persons of ability in the Indian systems and a Secretary—preferably an Indian L.M.S. or M.B.—may be nominated.

(b) We should like to have a copy of the existing legislation before giving an opinion.

Q. 8. The indigenous system of treatment must be less costly. The herbs and other requisites for the preparation of medicines can be had locally in plenty. Their preparation in well-organized vaidya salas or in some cases by the patients themselves in accordance with prescriptions must be cheaper than the purchase of Allopathic medicines prepared in foreign parts and sold in shops.

Q. 9. The following are among the causes of the decline of the indigenous systems :—

(1) Owing to foreign invasions of India at different times and the consequent insecurity of person and property and the inevitable indigence, people had to flee to different parts leaving their books behind and could hardly find the necessary time and convenience for pursuit of knowledges for its own sake. That the indigeous system itself did not entirely die out especially in view of the different unfortunate influences to which it was subjected on different occasions must be proof positive of its worth.

(2) For an ordinary proficiency in Ayurveda at least five years' training is essential and what a man is able to earn after this training is hardly sufficient to keep him alive and there is nobody to give him any appointment. The same amount of training in the Allopathic system secures a person an attractive Government appointment.

(3) There is hardly any facility at present to secure a training in Ayurveda. While the Government maintains a highly expensive Medical College and other medical institutions for the Allopathic system, no such college or institution is either maintained or even aided by the same agency.

(4) As already mentioned with reference to question (2) (*b*) the difficulty in obtaining ready-made Ayurvedic medicines at present and the natural human desire to obtain immediate relief of some kind in suffering drive people from the Indian systems to the allopathic in which hospitals and doctors with ready-made medicines purchased for them by Government are ready to hand.

How the indigenous system can be revived is shown in the answers to question 10.

Q. 10. (*a*) The State must maintain an ideal Ayurvedic College of its own with an Ayurvedic branch in the General Hospital maintained by it and a factory for manufacturing Ayurvedic medicines in a large scale. Also Ayurvedic schools must be opened in important centres. Aid must also be given to such institutions. Instructions must be given to maintain an Ayurvedic branch in every hospital or dispensary.

At present the propagation of the Indian systems of Medicine is chiefly done by certain families with Indian medicine as their family profession. A list of such must be prepared and they may be given whatever aid they may require in enlarging the scope of their work.

(*b*) The local boards may meet the cost for the Ayurvedic branch of each of their hospitals and dispensaries and open Ayurvedic schools and medicine factories in a smaller scale and aid institutions founded for similar purposes.

(*c*) The Universities may establish degrees and diplomas in Indian medicine and a chair for research in the same and harmonising the various systems of medicine.

(*d*) Private agencies may be encouraged to found institutions on lines similar to the above.

Ceylon.

(26)

M.R.Ry. AYURVEDACHARYA B. L. SARNELIS SILVA Avargal, COLOMBO.

Q. 1. I propose to deal with Indigenous system of medicine called Ayurveda.

Q. 2. (*a*) According to the Ayurvedic system of medicine the causation of every disease is due to the tridosha (1), disturbances or disorders of the three humours of the body—bile, phlegm and wind). These disorders are the result of one's failure to live so as to preserve health or of one's having taken indigestible food, etc. (2). These three humours known as wind, bile and phlegm are identical with the elements, air, fire and water present in the body (3). A disproportion in their relative strength or their corruption causes diseases. Just as when a little water in brought in contact with a large fire, the water loses its natural state and the fire grows in intensity, so bile which is the element of heat in the body grows to an excess, and at the same time spoils or dries up the phlegm or the water in the body ; or in other words, both bile and phlegm assume an unnatural condition. This fact may be clearly explained by the association of the elements fire, water and wind. The same three elements are the chief agents in the formation and preservation of the body (4). Viewed from that point too, it should be considered that a disturbance or disorder in the three humours of the body is the causation of disease.

(*b*) The disorder or disturbance of the three humours of the body having been examined in general, according to the five logical methods–Nidana, Purvarupa, Rupa, Upasaya and Samprapti—the disease can be diagnosed accurately by an examination of the patient's habits and body. The system of treatment taught in Ayurveda is the prescribing of medicines whose property is sufficiently efficacious in arresting and removing diseases caused by a disorder in the humours of the body or by any change in the strength or natural functions of the body, as the result of such disorder. If any illness is caused by an excess of cold in the body, it must be laid down as due to a disturbance of wind (vata) or phlegm (kapha) in the body. In such a case it will be necessary to adopt measures to remove the cold and neutralise the effect of the vata and kapha and therefore the patient must be kept warm and the medicines prescribed must have the property of warmth (5). This is the ordinary course of treatment; exceptional cases will

present no difficulty. In Ceylon under the patronage of the Local Government, Western Medical Science is receiving every encouragement for its progress and extension, by the establishment of hospitals in towns and dispensaries in nearly all the principal villages; yet it must be observed that there are still very large numbers of people here who obtain relief from the Indigenous system of treatment. From the Annual Report of the Foster Robinson Free Dispensary (altogether a private venture), it appears that 23,340 patients received treatment from there in 1920. (6) There are, besides many Ayurvedic Physicians in all parts of Ceylon who attend to patients in their own respective stations. In my own private Medical Hall, " Jiwaraksha Bhysajja-Salawa " on an average 300 persons are attended to every month. Therefore, there is reason to believe that the number of people receiving medical relief according to the Indigenous system is gradually increasing in Ceylon.

(c) Therefore I am of opinion that, as stated above, the practice of medicine and pathology in the Indigenous system are very much superior to those in the other systems. It is clear that in no other system of treatment except Ayurveda is to be found that method of diagnosing a disease by the logical application of the five process, Nidana, Purvarupa, Rupa, Upasaya and Samprapti. According to the opinion of some medical authorities diseases are caused by germs (a new theory), and by the Vikurti state of the organs of the body, but it must be observed that the germs on the body in a state of disease as well as the Vikurti condition are due to the disease. Our firm opinion is that a disease is not the result of the presence of germs or of the Vikurti condition. If germs are present or Vikurti manifests itself, a prior cause for their presence must be sought, and that is found in Dosha-Kopa. For example it is owing to the tree that the fruit grows, the former being the cause and the latter the result, and not vice versa. It may be that the tree is due to the five great elements (Bhuta) or it may spring from a root or branch and since a fruit is a part or member of the tree, there can be no fruit without the tree. The same rule holds good with regard to the presence of germs. Also it is to be observed that no other system of treatment can compare with the Ayurveda System, and my own experience of 25 years has confirmed me in the belief that in the treatment of Atisara, Grahani, Prew ahika, Pakshaghita, Rakthapitta, Asrugdara, Vatarakta, Sannipata, Visuchika, etc.—neither the mode of treatment in other systems or their medicines are so adequate as the treatment and medicines of the Ayurvedic system.

Q. 3. (a) I am a member of the Nikhila Bharati Ayurveda Maha Mandala in India, and a Superintendent of the Board of Ayurveda Viddaya Pitha for Ceylon.

(b) The existing institutions of Indigenous systems are unsatisfactory from the standpoint of adequacy of medical relief provided, due to the want of necessary things and of state of public help.

(2) They are also unsatisfactory as being unsuitable as centres of medical education.

The existing arrangements seem very deficient with respect to the following :—

Surgery (theoretical and practical), anatomy, knowledge of the properties of many medicines and drugs, compounding of medicines, systematic medical education. To remedy these defects I would propose the establishment of a fully equipped Ayurvedic medical school in which surgery (theoretical and practical—) should be taught, cultivation of medicinal plants and opening of such gardens for the use of Ayurvedic students. These are matters in my opinion that should be undertaken by the Local Government

(c) For answer see above.

Q. 4. (a) I consider that the ideal medical training of Indigenous systems of medicines requires—

(1) That the students should be placed under the personal guidance of teachers of first rate ability and of recognized standing in their subjects ;

(2) That teachers and students alike should have access to well appointed hospitals, laboratories, libraries and museums ;

(3) That the teachers should have sufficient leisure to be able to persue independent investigations in their own subjects.

It may be said that this ideal has to some extent been realised in the Madras Presidency and some other parts of India by educational efforts of societies and of individuals. As I have visited some of those places in my travels in India, I regret that I am unable to say that those places fully answer the purpose. In my opinion institutions much superior to the existing ones must be established if this high ideal is to be attained.

(b) I am not prepared to say that the proficiency at present attained in Ayurvedic Medical Science is of very high standard.

(1) If this Ayurvedic medical science is made complete and established in all its parts, it will be found sufficient for all requirements without calling in the aid of any other system.

(2) The idea to be worked out in the immediate present is to establish a Medical School with the help of the Government and when students have attained proficiency they should be authorized to follow the profession in their respective lines.

Q. 5. I do not agree with the view of the Calcutta University Commission. The portion of time in the life of a man that is devoted to learning is hardly sufficient for a complete study of the different parts of science in Ayurveda. In the event of the union of two systems it will be difficult to say which will gain and which will suffer.

Q. 6. Out of the subjects of study mentioned in this section, I think it better if surgery and anatomy are taught with due attention to modern scientific methods also—

(*a*) I propose that the "All-India Ayurveda Viddya Pitha" methods of qualification should be adopted, viz.—Bhishak (L.M P. and L.M.S.), Ayurveda visarada (M.B. and M.S.) and Ayurveda Acharya (M.D.). Those qualified in theoretical and practical knowledge should accordingly be granted certificates.

(*b*) (1) In the preliminary or Bhishak, five years' training and a fair knowledge of the Sanskrit language, (2) intermediate or Ayurveda visarada, eight years' training and also a good knowledge of the Sanskrit language and grammar and (3) final or Ayurveda-Acharya, ten years' training and proficiency in Sanskrit language with poetry and grammar. Candidates should be at least 16 years' of age and should have a fair knowledge of Sanskrit.

(*c*) I endorse the subjects for the Ayurveda visarada examination in Viddya Pitha, viz.:—Materia Medica and Therapeutics, Pathology and Symptomology of disease, practice of Medicine Surgery, Anatomy with elementary Physiology, treatment for children, etc., up to a proper standard.

Q. 7. I consider that the extension of medical Registration to Indigenous systems of medicine is necessary. Those who have been educated on Indigenous lines and hold certificates of competency according to the existing standard of the Ayurvedic school, and those who have passed no examination but have at least practiced as Ayurvedic physicians and gained experience as such for a period of not less than ten years, provided they are not less than 30 years of age, should be admitted to registration on the recommendation of three respectable men, as to their ability. It is to be understood that the registration of the latter class will be made only once and not repeated.

(*a*) There should be a Board of Registration for admitting competent practitioners as stated above, into the medical registration.

(*b*) I am ignorant of the existing legislation regarding medical registration.

Q. 8. The cost of treatment according to the Ayurvedic system is much less than that of any other system, Ayurvedic physicians being paid very little in the shape of fees, and medicines costing less and often being easily procurable.

Q. 9. The causes of decay of Indigenous system of medicine in Ceylon are mainly due to the following facts:—Encouragement and support lent by the Local Government to the propagation and establishment of Western medical science to the exclusion of all others; the indifferent attitude of Government to the Indigenous system, the want of a suitable medical institution for systematic education on Indigenous lines; the absence of any means of testing the learned in this science, the absence of gardens fully furnished with medical plants; the groundless charges against the Indigenous practice preferred by Western professional men to safeguard their own interests. For the revival of the Indigenous system, I would suggest the establishment of (i) a medical school fully furnished with all necessary appliances, etc.; (ii) a hospital for investigation of diseases; (iii) a library and a museum; (iv) a laboratory; (v) the appointment of practitioners to various stations who have finished a regular course in the medical school and passed out successfully.

Q. 10. Out of the four methods (*a*), (*b*), (*c*) and (*d*) enumerated under this section, our opinion is that so far as Ayurveda is concerned, it could be fostered and promoted by the Government or State only.

The references mentioned in the first two answers:

1. "नास्ति रोगो विना दोषैः"—सुश्रुत ।

   "सर्वेषामेव रोगाणां निदानं कुपिता मलाः"—माधवनिदान ।

2. "नरो हिताहारविहारसेवी समीक्ष्यकारी विषयेष्वसक्तः ।

   दाता समः सत्यपरः क्षमावानाप्तोपसेवी च भवत्यरोगः ॥"—चरक ।

   "तत्प्रकोपस्य तु प्रोक्तं विविधाहितसेवनम्"—माधवनिदान ।

3. "प्रकृतिमिह नराणां भौतिकीं केचिदाहुः

   पवनदहनतोयैः कीर्तितास्तास्तु तिस्रः"—सुश्रुत ।

4. "पंचमहाभूतशरीरिसमवायः पुरुष इत्युच्यते"

   "दोषधातुमलमूलं हि शरीरम्"

5. "शीते शीतप्रतीकारमुष्णे चोष्णनिवारणम्"—सुश्रुत ॥

6. A (residential) dispensary managed by the kind donation of an American lady 'Foster Robinson' of Honalulu.

EVIDENCE WRITTEN IN SANSKRIT.

JAIPUR–RAJPUTANA.

(1) SRIJUT VAIDYARATNA SWAMI PANDIT LAKSHMI RAMASWAMI ACHARYA.

उपनतान्यन्वेषकसमितेः (कमीशन) प्रस्तावाश्चोद्देश्यानि च । राजतन्त्रद्वारा नियमितामिमां समितिमालोक्य भृशमभिनन्दामि । देशीयचिकित्सापद्धतेः साहाय्याय पुरा कतिवारमभ्यर्थयन्ते स्म भारतीयाः प्रमुखसज्जनाः शासनाधिकृतान्, परं नैतेषां प्रार्थनासु कारणविशेषेण तस्मिन् समये शासनाधिकृतैरवधानमदायि । वयमेतस्य कारणमस्माकमायुर्वेदपद्धतेश्च दौर्भाग्यमन्तरा किं वा वक्तुं पारयामः । परमधुना स्तोकमाशायाः संचारमनुभवामः । समितेरस्या नियुक्तिमवलोकयन्तो वयं भूरि विश्वसिमो यदमुष्याश्चिकित्सापद्धतेरिदं दौर्भाग्यहतकमचिरादेव विलयमेष्यतीति । अत एव समितेरस्या नियुक्तये भूरि धन्यवादान् वितरामः शासनाधिकरणाय । सहैव च समितेरस्याः समस्तसभ्येभ्योऽपि धन्यवादप्रदानमात्मनः कर्तव्यमवधारयामः । यैः किलामूल्यमात्मनः समयं परिज्ञानञ्चास्मिन् गवेषणकर्मणि विनियुञ्जानैरेष कार्यभारः समुपात्तोऽस्ति । वयमेतदपि सुदृढमाशास्महे यत् समितिरन्वेषणसमयेऽवश्यमिदमवधास्यति यथा कस्यापि कार्यस्य वास्तविकता तदैव निर्णीता भवति यदा हि गवेषयन्तः पुरुषाः पक्षपातविरहिता भवन्ति, न च तैः कश्चन सिद्धान्तः पूर्वत एव मनसि निश्चितो भवेत् । विषयमिममन्वेषयन्त्याः समितेरिदमेव लक्ष्यं भवेद्यदस्यां पद्धतौ कियती किल वास्तविकतास्तीति । अवश्यमिदमप्याशंसनीयमस्माकं यद्राजनियुक्ता सेयं समितिश्चिरकालादायुर्वेदीयचिकित्साव्यवसायमनुतिष्ठद्भिरनुभविभिर्वैद्यविद्वद्भिः, वैद्यसंस्थाभिश्चोपस्थापितानि प्रमाणानि युक्तीश्चोपजीव्य पुनरुत्थानमायुर्वेदस्य च मनसि कृत्वा, अनुकूलैस्तर्कैरुचितं निर्णयं विदध्यादिति । शासनाधिकृताश्चापि समितेर्गवेषणापूर्णेऽस्मिन्निर्णये सुदृढमवधानं प्रदद्तो निर्णयमिमं कार्यरूपे परिणमयितुमनुकम्पयेयुरिति च ।

(१) मम सम्मतावायुर्वेदीयचिकित्सापद्धतेर्वास्तविकतानिर्णयाय नियुक्तायामस्यां समितौ यदि कश्चन विद्वान् वैद्योऽपि चेन्नियुक्तोऽभविष्यत्तर्हि समुचितमभविष्यत् । अस्ति चाधिकतरं ममाशा यदवश्यं कश्चन वैद्यविद्वान् अत्र भवेद्विनियुक्तः । नाधुना समितौ सम्मिलितो भवेच्चेत्साक्षिणां भाषानिर्णयसमयेऽवश्यमेकः सुप्रतिष्ठितोऽनुभवी वैद्यविद्वान् निमन्त्रणीयो यः खलु समये समये आयुर्वेदविषयस्य विवरणं पक्षपोषणं च कुर्यात् ।

(२) पूर्वस्मिन् युगे कीदृशमभवत् स्वरूपमायुर्वेदस्य? यत्र हि आयुर्वेदीयचिकित्साया आधारेणैव तात्कालिकं जगज्जीवति स्म । नासीत् कश्चनान्य उपायः । अत एव तस्मिन् समयेऽस्या उन्नतये, अभिवृद्धये, उपयोगितायै च महान्त उद्योगाः, समुचिता आश्रयाः, प्रकाण्डाश्च प्रयत्नाः अवलम्ब्यन्ते स्म । एतदेव कारणमस्ति यदनेन शास्त्रेण सुमहद्गौरवं विशदं च स्वरूपमवाप्तमस्ति इति ।

(३) आयुर्वेदशास्त्रं हि दिव्यदर्शनसंपन्नानां प्राक्तनमहर्षीणां वैद्यमहाभागानां च परःसहस्रवर्षाणामनुभवस्य, प्रयोगस्य, उद्योगस्य, नैसर्गिकजीवदयायाः, स्वाभाविकभूतसहानुभूतेश्च फलमस्ति । अनेककालपरिसाध्यानां परीक्षितानामौषधानां, योगानाञ्च येयमव्यभिचरिता व्यवस्थावलोक्यते, एतस्या अपीदमेव कारणं यदेते अनन्तकालादनन्तशरीरेषु रोगादीनुपशमय्य सिद्धाः सन्तो लोकेषु प्रसिद्धा अभवन् । भूतदयापराः प्राचीना महर्षयो वैद्याश्च स्वार्थपराः नेमान्यौषधानि नैतान् योगांश्च प्रायुञ्जत । किन्तु निस्पृहाः स्वार्थत्यागिनश्च ते भूतानुकम्पापरवशाः सन्तः संसारकल्याणायैव तानिमान् प्रायुञ्जत ।

(४) किञ्चायुर्वेदे य इमे व्यापकसिद्धान्ताः स्थिरीकृताः सन्ति तेऽपि सुस्पष्टमिदं साधयन्ति यदेतेऽवधानपूर्वकं चिरकालपर्यन्तं प्रयोगानुभवद्वारैव स्थिरीभूताः सन्ति । ये एतावता कालेन नवीनसंस्कारं विनैव यथायथं कार्येषु परिणमिता अद्याप्यव्यभिचरितं प्रदर्शयन्ति फलम् । एवंविधानां व्यापकसिद्धान्तानां स्थिरीकरणं न साधारणपरिज्ञानस्य कार्यं भवितुमर्हति । तेषामेव सिद्धान्तानां मूलभूतः सिद्धान्तः सेयं त्रिदोषपद्धतिर्नाम । या किल शरीरे संरक्षिणी शक्तिः विघातिनी शक्तिश्चोररीक्रियते । सा हि वस्तुतोऽस्माकं सिद्धान्तानुसारं वातपित्तकफानां प्राकृती वैकृती च गतिरूपावस्थास्ति । वातपित्तकफाश्चापि शरीरे सूक्ष्मस्थूलरूपेण द्विविधा अभ्युपेयन्ते । तेषु सूक्ष्मा वातादयः केवलं कार्यानुमेया एव । स्थूलवातादयस्तु अनेकेषु रूपेषु अनेककार्याणि कुर्वन्तो विलोक्यन्ते । अत एव शरीरस्य स्वस्थदशायां रुग्णदशायां वा प्राकृतवैकृतभेदेन वातादीनां सम्बन्ध एव निश्चीयते । यदाश्रयेणायुर्वेदस्य जीवनसर्वस्वं महत्त्वं चावतिष्ठते । एवंविधानां गभीराणामपरिवर्त्तनशीलानां च सिद्धान्तानां सङ्ग्रहेण साधारणबुद्धिमतां कार्यनिर्वाहाय, विशेषज्ञानां सूक्ष्मतमज्ञानस्य दिक्प्रदर्शनाय चोपयोगं प्रददन्नसौ आयुर्वेदः सर्वविधमनुष्याणां लाभप्राप्तेरनुपमं साधनं संपन्नोऽस्ति ।

(५) आयुर्वेदवर्णितं रोगाणां निदानम्, लक्षणम्, औषधं चेति त्रिपुटी संपूर्णपदार्थतत्त्वानां सामान्यज्ञानस्य विपर्ययज्ञानस्य वायत्तास्ति । सामान्यविपर्ययज्ञानं च प्रत्यक्षम्, युक्तिसहकृतं तर्कं वा विनाहुः—सम्भवम्, यावत्पर्यन्तं रोगाणां बाह्यकारणेषु आभ्यन्तरकारणेषु च सामान्यभावो विपर्ययभावो वा न सम्पद्यते तावत्पर्यन्तं तद्द्वाराऽभ्यन्तरपदार्थानां वृद्धिक्षयरूपं परिवर्त्तनं न सम्भवति । अत एव रोगस्वरूपावबोधाय सामान्यज्ञानस्य, एवमौषधव्यवस्थापनाय च विपर्ययज्ञानस्यावश्यकतास्ति । एवमेव स्थूलात् स्थूलानि सूक्ष्मात् सूक्ष्माणि च संपूर्णानि रोगकारणानि सामान्यज्ञानद्वारा रोगस्वरूपनिर्धारणे तथा विपर्ययज्ञानद्वारा औषधनिर्धारणे साहाय्यभूतानि भवन्ति । किं च स्वास्थ्यपरिरक्षणायाभ्यन्तरिकावश्यकतापूर्तये सामान्यज्ञानस्य, तथा अनावश्यकानां विनाशकानां च पदार्थानां परित्यागाय विपर्ययज्ञानस्य प्रतिक्षणमावश्यकता प्रतीयते । केवलमौषधानां प्रभावज्ञानायैव तयोर्विशेषेण नोपयोगः । एवंविधस्थलेषु विशिष्टानुभवानामाप्तपुरुषाणामनुभवोपदेश एव प्रमाणमभ्युपेते यतो हि पदार्थानां संपूर्णशक्तेः परिज्ञानं सर्वज्ञस्येश्वरस्यैव सम्भवति नान्यस्येत्येतदाधुनिकविज्ञानेनापि सिध्यति ।

(६) आयुर्वेदशास्त्रेणेतरेषामङ्गानां ह्रासोन्मुखत्वेपि 'कायचिकित्सा'रूपस्यात्मन एकस्याङ्गस्य परिपुष्टौ विरलविरलाया अपर्याप्ताया अपि सहायताया लाभेन कियताञ्चन संग्रहग्रन्थानां निर्माणेन च पूर्वमधिकमुन्नतेः स्वरूपमुपलब्धमासीत् । येनास्य कायचिकित्सारूपस्याङ्गस्य चिकित्सापद्धतिः—चिकित्सासूत्राणि, चिकित्सायाः प्रकाराः, तस्याः साधनानि, शरीरेण सह सम्बन्धार्थमनन्ताः कल्पनाः, भेषजद्रव्याणि, इत्याद्यनन्तानामाकरायिता सम्पन्नास्ति । इयं साधनसम्पत्तिरेवानेकविधानां विघ्नबाधानामुत्तरोत्तरमवपतनेऽपि, अनेकविधानामाक्रमणानां सहनेऽपि, साम्प्रतमप्यायुर्वेदस्य जीवनं स्थिरीकर्तुं प्रभ्वी अभूत् ।

(७) एतस्या वर्त्तमानोऽयं भग्नावशेषो बहुतरं छिन्नभिन्नावस्थायां वर्त्तते सर्वथाप्याश्रयाभावेन शिक्षायाश्चाप्रबन्धेन प्रतिदिनमुत्तरोत्तरमवनमतीव । एवं स्थितौ पूर्वोक्तैः कारणैर्वयमायुर्वेदस्य संपूर्णसिद्धान्तानां, विशेषतत्त्वानां च पूर्णतया परिचयं न प्राप्तुमशकाम । आयुर्वेदस्य वास्तविकं स्वरूपं न शक्नुमः प्रकाशयितुं तथापि भग्नावस्थामाश्रयाङ्गैरपि सिद्धान्तैः कृतानां कार्याणामद्भुतां सफलतामवलोक्य वयमनुमातुं शक्नुमो यत् आश्रयस्य शिक्षायाश्च प्रबन्धे सति पूर्वस्वरूपमापन्ना सेयमायुर्वेदीयचिकित्सा कियतीं सफलतामवाप्नुयात्; देशस्य कल्याणसाधने कियन्तं चोपयोगं प्राप्नुयादिति ।

(८) पाश्चात्यस्यौषधविज्ञानस्य पञ्चाशतो वर्षेभ्यः पूर्वं या स्थितिरासीत्, साम्प्रतं च यास्य स्थितिः, उभयोरेतयोस्तुलनायां स्पष्टमिदं सिध्यति यदायुर्वेदोक्तानां बहूनामोषधीनामेतस्मिन् समावेशः सम्पन्नोऽस्ति इति सम्भावयामश्चाग्रे, आयुर्वेदस्य बहवः सिद्धान्ताः, प्रक्रियाश्चापि शनैः शनैरनुभवानुसारं पाश्चात्यभैषज्यपद्धतेर्ग्राह्या भविष्यन्तीति ।

(९) आधुनिकविज्ञानस्य आंग्लभाषायाश्च न मे परिचय इति केवलमायुर्वेदशास्त्रज्ञानमात्रेण यथामति यथास्थानं च प्रश्नानामुत्तरं संस्कृतभाषायां निबद्धुं प्रयते ।

(१) अयमहमायुर्वेदशास्त्रस्य अध्ययनेऽध्यापने च कृतश्रमस्तदुपदिष्टेन पथा च रोगनिर्णयं चिकित्साकर्म च समाचरामि । अतस्तत्सिद्धान्तानेव समर्थयितुमुद्युञ्जे ।

स चायमायुर्वेदः पुरा अष्टास्वङ्गेषु प्रविभक्तः पूर्वाचार्यैः कार्यविभागेन चिकित्सासौकर्याय । तानीमान्यष्टावङ्गानि, यथा—शल्यचिकित्सा, शालाक्यचिकित्सा, कायचिकित्सा, कौमारभृत्यम्, रसायनतन्त्रम्, वाजीकरणतन्त्रम्, अगदतन्त्रम्, भूतविद्या चेति । तत्र शस्त्रयन्त्रसाध्यानां सर्वेषां विद्रधिमूढगर्भनाडीव्रणादीनां रोगाणां यत्र प्रतीकारवर्णनं तच्छल्यतन्त्रम् । यत्र तु ऊर्ध्वाङ्गगतानां नेत्रकर्णघ्राणमस्तिष्कादिगतानां रोगाणां आश्चोतनाञ्जननस्यतर्पणादिभिः शलाकाभिश्चोपशमो निर्दिष्टस्तच्छालाक्यचिकित्सा नामाङ्गम् । यत्र च सर्वशरीरोपतापकानामामाशयपक्वाशयस्थानाद्युद्भवानां ज्वररक्तपित्तातीसारादीनां रोगाणां प्रतीकारः सा कायचिकित्सा । यत्र चासंपूर्णबलधातुत्वापकृष्टवयोऽवस्थाप्रभावाद्बालस्य नानाविधानां रोगाणां प्रतिविधानं धात्रीदुग्धलक्षणं दुग्धोद्भवव्याधिप्रशमनिर्देशश्च विद्यते तत् कौमारभृत्यं नाम । यत्र भाविनो जरादोषविक्लवत्वस्य निवृत्तये नानाप्रयोगैरूर्जस्वि शरीरसम्पादनं वर्णितं तद्रसायनतन्त्रम् । यत्राल्पदुष्टरेतसामाप्यायनप्रसादोपजननरूपा चिकित्सा विहिता तद्वाजीकरणतन्त्रम् । यत्र त्वाधिदैविकरूपाणां रोगाणां शान्तये प्रतिकर्म विहितं सा भूतविद्या । अथ दैववशात्तिरोहितप्रायेष्वितरेष्वङ्गेषु केवलं कायचिकित्साङ्गमेकमेव यथा कथंचित् वैद्यानां व्यवहारे प्राप्तप्रचारम् । तत्रापि पुराकाले विद्यमानास्वपि बह्वीषु संहितासु इदानीमेका चरकसंहितैवोपलभ्यते मूलसंहिता । अपरे च वाग्भटादयः कतिचित् संग्रहग्रन्थाः । तत्र प्रतिपादिता ये रोगकारणानुसन्धानपरा रोगनिर्णयपराः परीक्षाप्रकारोपयोगिनश्चिकित्साव्यवस्थापकाश्च सिद्धान्तास्तानेव समितेः पुर उपस्थापयामि ।

(२) (क) आयुर्वेदानुसारं रोगोत्पत्तिसिद्धान्तान् प्रदर्शयितुं कोऽसौ रोग इति निर्णयोऽत्यावश्यकोऽथ रोगतत्वमनुसन्धातुमपि प्रथमं स्वास्थ्यमेव विवेचनीयं भवति । स्वास्थ्यवैपरीत्यस्यैव सर्ववादिसिद्धान्तेषु रोगत्वेन स्वीकारात् । अतो रोगतत्त्वं रोगोत्पत्तितत्त्वं च निर्णेतुमुद्यतस्य स्वत एव स्वास्थ्यतत्त्वं निर्णयाय आपतति । अतः स्वास्थ्यमेव प्रथमं निर्दिश्यते—

यदुपलब्धये आपामरं सर्व एव लोको व्याप्रियमाणः परिदृश्यते यदुपलब्धौ सर्व एव पुरुषार्थाः साधयितुं शक्याः यदनुपलब्धौ च विद्यमानास्वपि सर्वासु संपत्सु ता उपभोक्तुं न क्षमते किं तत् स्वास्थ्यमिति जिज्ञासायामायुर्वेद उच्चैरिदमुद्घोषयति—

समदोषः समाग्निश्च समधातुमलक्रियः ।
प्रसन्नात्मेन्द्रियमनाः स्वस्थ इत्यभिधीयते ॥

अत्र निर्दिश्यमानाः दोषधातुमलक्रियाजाठराग्निपदार्था अग्रे पृथक् पृथक् निरूपयिष्यन्ते इति तत एव बोद्धव्यम् । भावार्थस्तु यस्यामवस्थायां शरीरसम्बन्धिनामखिलानां यन्त्राणां सर्वेषां च तत्त्वानां यथायथं सम्यक्तया व्यवहारः सम्पद्यते सा स्वाभाविकी शरीरदशैव स्वास्थ्यम् । अर्थात्, समुदितशारीरभावानां परस्परोपकारकतया स्वाभाविकमवस्थानं स्वास्थ्यशब्दाभिधेयं भवति ।

तस्य स्वास्थ्यस्य हेतुरपि अवश्यं विज्ञेयो भवति; विद्यमाने तस्मिन् तत्परिरक्षणाय, अविद्यमाने वा तदुत्पादनाय। तदिदं च शास्त्रे सूक्ष्मानुसूक्ष्मिकया बहुभिः प्रकारैर्वर्णितम्; दिङ्मात्रेण यथा— तस्मिन् ऋतौ ऋतौ शीतोष्णवर्षादीनां सम्यक् योगः सति च तस्मिन् ऋतुचर्यादिनचर्यानुसारेण आहारविहाराणामुपयोगः, सर्वातियोगमिथ्यायोगानां परित्यागः, वातमूत्रपुरीषादिवेगानामनुदीरणम्, उदीर्णानां चाभिधारणम्, सदाचारानुष्ठानमित्यादि। तथापि संक्षेपेण सर्वेषां द्रव्यगुणकर्मणां सम्यग्योग एव स्वास्थ्यहेतुरिति सुतरां वक्तुं शक्यम्। तत्र द्रव्यग्रहणेन आहारोपयोगिनां वस्तूनां तथा स्नानाभ्यङ्गोपलेपादिषु, आच्छादनपरिधानादिषु वा उपयुज्यमानानामपरेषामुपकरणानां, देशकालयोश्च ग्रहणं भवति। गुणग्रहणेन च शब्दस्पर्शरूपरसगन्धानामथ संयोगसंस्कारपरिणामादिसहितानां सर्वेषां शीतोष्णगुरुलघुस्नेहरूक्षादीनां गुणानामन्वयः। एवमेव कर्मग्रहणेन सर्वेषां व्यायामव्यवायशयनासनादीनां शारीराणां तथा संकल्पाध्यवसायादीनां मानसानामेवं गीतहाससंकथादीनां च वाचिकानां कर्मणां ग्रहणं बोध्यम्।

रोगस्तु सामान्येन स्वास्थ्यपरिच्युतिरेव; अर्थात् शारीराणां यन्त्राणां भावानां वा स्वाभाविकक्रियासु स्वाभाविकधर्मेषु स्वाभाविके वा निर्माणे यत् किमपि वैषम्यमुत्पद्यते तदेव रोगः। अथवा यया अवस्थया शरीरे आहरणशक्तेः संजीवनशक्तेर्वा ह्रासः समुपजायते सावस्थैव रोगः। सा च धातुवैषम्यानतिरिक्तैव।

रोगाणामुत्पत्तौ द्विविध एव हेतुर्भवति बाह्य आभ्यन्तरश्च। तत्र बाह्यो हेतुर्निदानसंज्ञया व्यवह्रियते स च यद्यपि नानाविधो, नैकरूपोऽनन्तद्रव्यगुणकर्मात्मकस्तथापि पूर्वाचार्यैरसात्म्येन्द्रियार्थसंयोगप्रज्ञापराधपरिणामभेदात् त्रिविध एव वर्णितः। सर्वमप्युक्तमनुक्तं वा प्रायोऽस्मिन्नेवान्तर्भवति। तत्र प्रथमः—असात्म्येन्द्रियार्थसंयोगो नाम शरीरप्रतिकूलैः शब्दस्पर्शरूपरसगन्धैः सह इन्द्रियाणां सम्बन्धो रोगहेतुः। एतदुक्तं भवति—न हि भौतिकानां द्रव्याणां शरीरसम्बन्धमन्तरा रोगारोग्यकारणत्वं सम्भवति, शरीरेण सह तेषां संबन्धश्च इन्द्रियद्वारेणैव भवति, तानि चेन्द्रियाणि पञ्च, अतः पञ्चविध एव इन्द्रियार्थसंयोगः। अत्र यद्यपि एकैक इन्द्रियार्थसंयोगोऽवान्तरभेदबाहुल्याद्बहुविधो भवति। तद्यथा—दृष्टिविषयाः प्रकाशवर्णादयो बहवः सन्ति ये सर्वेऽपि चक्षुर्विषया भूत्वा शरीरे धातुसाम्यानुकूलं धातुवैषम्यानुकूलं वा कार्यजातमारभन्ते ते सर्वेऽपि चक्षुर्विषयत्वसामान्यादेकविधत्वेनैव संगृहीताः। संक्षेपोपदेशसौकर्याय, तदेवं सामान्येन पञ्चविधोऽपि इन्द्रियार्थसंयोगः पुनश्चतुर्विधो भवति हीनातिमिथ्यासमयोगभेदात्—तत्र समयोग एक एव आरोग्यहेतुः, स्वाभाविकक्षयपूरकत्वेन स्वास्थ्यानुवर्तनसमर्थत्वात्। शेषस्त्रिविधो रोगहेतुः, असात्म्येन्द्रियार्थसंयोगत्वेनाख्यायते। इत्येवं सर्वोऽपि स्पर्शाभ्यवहार्यदोषः असात्म्येन्द्रियार्थसंयोग एव। तथैव च शारीरम्, मानसम्, वाचिकं च नानाविधं कर्मजातं अयोगातियोगमिथ्यायोगयुक्तं शरीरे धातुवैषम्योत्पादकं प्रज्ञापराधसंज्ञया निर्दिश्यते। एवमेव कालस्यापि शीतोष्णवर्षादयो धर्माः प्रतियोगयुक्ताः, हीनयोगयुक्ता यथास्वलक्षणविपर्यासेन युक्ता वा समयोगयुक्ता अपि अपरिरक्षणेन धातुवैषम्यमुत्पादयन्तो यदा रोगजनने समर्था भवन्ति, तदा परिणामशब्देन अभिधीयन्त इति सर्वविधमपि रोगकारणं निबन्धेषूक्तमनुक्तं वा विज्ञातमविज्ञातं वा सामान्येन संगृहीतं भवति। तदिदं निदानग्रन्थेषु तत्र तत्र प्रतिरोगं बाहुल्येनोपलभ्यमानं कारणजातमुदाहृतम्, तथान्येषां सूक्ष्माणां विशेषाणां विज्ञानाय दिगपि प्रदर्शिता सर्वत्रैव।

सर्वस्याप्येतस्य बाह्यनिदानस्य शरीरसम्बन्धानन्तरं रोगोत्पादनार्थं व्याप्रियमाणस्य द्विविधो व्यापारः समुपलभ्यते। तद्यथा—किञ्चित्तु कारणं शरीरेण सम्बद्धं सत् संचयप्रकोपप्रसरणस्थानसंश्रयादिक्रमेण दोषान् व्यापारयन् शारीरभावानां वृद्धिक्षयमुत्पाद्य पश्चात्पीडाकरं भवति।

किंचिच्च पूर्वं रोगस्वरूपं पीडाकरमुत्पाद्य, पश्चाद्दोषान् संचयादिषु व्यापारयति । तदिदं क्रमेण निजं च आगन्तु चेति स्वयं द्विविधं सत् स्वजन्येषु रोगेष्वपि निजागन्तुभेदेन द्वैविध्यमाख्यापयति । किन्तु एवं सत्यपि उत्पत्तिव्यापारद्वैविध्ये उत्पत्त्यनन्तरं द्वयोरपि प्रायस्तुल्यतैव (एकाकारतैव) संजायते, शारीरभावानामागन्तुहेतोरानुकूल्याभावे रोगस्य चिरस्थानासम्भवात् शारीरभावविकृतिमन्तरा नानाविधविकारलक्षणासम्भवाच्च इति बाह्यहेतुस्वरूपप्रदर्शने सङ्क्षेपः ।

आभ्यन्तरो हेतुरपि बहुविधः शरीरे यानि द्रव्याणि धातुरूपाणि, दोषरूपाणि, मलरूपाणि, प्रसादरूपाणि, आश्रयरूपाणि, आश्रयिरूपाणि, अङ्गोपाङ्गादिभेदेन अवयवभेदेन विद्यमानानि सन्ति, तथा ये गुणा अर्थात् धात्वाद्याश्रया मधुरादयः षड्रसाः गुरुलघुस्नेहरौक्ष्यश्लक्ष्णत्वकार्कश्यद्रवघनत्वादयो भावास्तथा शरीरान्तःपातिभिर्दोषवातुयन्त्रादिभिर्निष्पाद्यमानानि यानि कर्माणि तदेतत् सर्वमपि शारीरं द्रव्यगुणकर्मजातं बाह्यहेत्वनुसारं विक्रियमाणं सत् यथायथं क्वचित् किंचित् क्वचित् किंचित् इति कृत्वा रोगोत्पादने कारणं भवति । इदं त्वत्र विशेषतोऽवधेयम्, यदेतेष्वाभ्यन्तरेषु कारणेषु मध्ये कस्यचित् कारणस्य दूषकत्वेन कस्यचिद्दूष्यत्वेन कस्यचिच्चाश्रयत्वेन कस्यचिन्मार्गत्वेन रोगोत्पादने कारणत्वमुपलभ्यते । अथ च निदानस्यापि कस्यचित् दोषेष्वेव प्रभावो भवति नान्यत्र ; एवं कस्यचिद्दूष्येषु कस्यचिच्चाश्रयेषु कस्यचित्तु मार्गेषु कस्यचिद्द्वयोः कस्यचिच्च त्रिषु इति नानाविधबाह्यहेत्वनुसारं विक्रियमाणेषु नानाविधेष्वाभ्यन्तरहेतुषु नानाविधत्वाच्च प्रत्येकं गुणकर्मविशेषाणां नानाकाराणां रोगाणामुत्पत्तिस्तथा नानालक्षणसम्भवश्च ।

अयमेवार्थः प्रकारान्तरेणेत्थमुपपादयितुं शक्यः, तथाहि--रोगो हि नाम शारीरभावानां विकृतिरेव, विकृतिश्च शारीरभावेषु प्राकृतगुणकर्मणां वृद्धिर्वा क्षयो वा विपर्यासो वा इति तज्ज्ञानाय पूर्वं शारीरा भावास्तेषां च प्राकृतानि गुणकर्माणि विशिष्य ज्ञातव्यानि भवन्ति; ज्ञातेषु तेषु हि तद् विकृतिज्ञानं स्वल्पायासेन भवति विवेकाभ्यासवतो जनस्य ।

तत्र शारीरा भावा रसरक्तमांसवसास्थ्यादयो धातवः, शिराधमनीस्नायुनाडीकण्डरादय उपधातवः, फुफ्फुसहृदययकृत्प्लीहान्त्रवृक्कादीनि नानाविधानि यन्त्राणि, कलाः, आशयाः, विण्मूत्रस्वेदादयो मलाः, दोषाश्च । तेषां प्राकृताः गुणाः प्रत्येकमवयवेषु तदारम्भकद्रव्यस्वरूपं, तत्परिमाणं, तत्संयोगः, संस्थानमित्यादयो भावाः । प्राकृतानि कर्माणि च तेषां प्रत्येकं शरीरस्वास्थ्याय विधीयमानानि नानाविधानि जीवनबृंहणस्नेहनधारणादीनि—तथा रक्तसंचालनोद्वहनस्पन्दनपूरणविरेचनपचनपृथक्करणादीनि, शब्दस्पर्शरूपरसगन्धानां संवेदनसंकल्पाऽध्यवसायादीनि, तदनुसारं विधेयक्रियाज्ञापनादीनि, ततश्च उत्क्षेपणापक्षेपणप्रसारणाकुञ्चननिमेषोन्मेषादयो विविधाश्चेष्टाः, उच्छ्वासः, निःश्वासः, परिपाकः, विण्मूत्रादिविवेचनपूर्वकतद्विसर्ग इत्यादीनि । इत्येवं नानाविधानि अनवरतमनुष्ठीयमानानि स्वभावत एव विज्ञेयानि अनुभवसिद्धानि चेति ।

अथ एषां भावानां विकृतिस्तु स्वरूपतो बहुविधापि संक्षेपेण तावद् द्विविधैव भवति वृद्धिरूपा क्षयरूपा वा, त्रिविधा वा सह विपर्यासरूपया । तत्र वृद्धिर्नाम—प्रत्येकं शारीरभावस्य तदुत्पादकमौलिकद्रव्याणां वा स्वरूपेण परिमाणेन संस्थानेन संख्यानेन अन्येन वा केनापि प्रकारेण वर्धनं गुणतो वर्धनं ज्ञेयम्, तद्विपरीतश्च क्षयः । तथैव तन्नियतानां कर्मणामपि वृद्धिर्भवति यथायथम् । एवं संतर्पणादिना वर्धकनिदानेन सेवितेन एकस्यावयवस्य गुणकर्मवृद्ध्या तत्समानस्यान्यस्यापि अवयवस्य परस्परोपकार्यत्वाद् वृद्धिर्भवति । तद्विपरीतस्यावयवस्य तु स्वभावतः क्षयो भवति । तथैवापतर्पणादिना क्षयोत्पादकेन निदानेन सेवितेन एकस्यावयवस्य गुणकर्मणोः क्षयेण

तत्समानस्य द्वितीयस्याप्यवयवस्य गुणकर्मणोः क्षयः संपद्यते । एवं शारीरभावाः परस्परमपि वृद्धिक्षयोत्पादका भवन्ति । (प्रमाणमत्र चरकविमाने ९ अध्याये) । एवं च सति निश्चीयते शरीरस्य कस्यापि भावस्यानुचितवृद्ध्या तद्विरुद्धस्वभावास्यान्यस्य शारीरभावस्य स्वयमुत्पद्यमानगुणकर्मक्षयद्वारा शरीरप्राकृतकर्महानिर्भवति । तस्यापि (वृद्धिगतभावविशेषस्य) अवयवस्य मान्द्यशैथिल्यगौरवादि-दोषादुचितकर्मणां हानिरेव सम्पद्यते । इत्थं च वृद्धिक्षयाभ्यां द्वाभ्यामपि यः प्रकृतिविपर्यासः प्राकृतकर्मणां हानिर्वा भवति सैव विकृतिः, सैव दोषवैषम्यं, तदेव रोगस्य आभ्यन्तरं कारणम्, स एव वा रोगः, किन्तु अनुद्भूतदशापन्नः । तस्यैव पुनर्व्याध्यभिव्यक्तये व्यापाराः चयप्रकोपप्रसरस्थान-संश्रयादयो जायन्ते तेषां दोषदूष्यसंमूर्च्छनाजनितानां संप्राप्तिपदाभिधेयानामाभ्यन्तरव्यापाराणां समाप्तौ रोगाभिव्यक्तिर्भवति ।

अथ चानुद्भूतदशापन्नो दोषवैषम्यरूपो रोगः क्रमेण याः दशाः समुत्तीर्य अभिव्यक्तिं भजते ताः चयादयः षट् श्रेण्यो न विस्मर्त्तव्याः, यतो न तासां सम्यग्ज्ञानं विना व्याधिः प्रतिकर्तुं शक्यः । ताः यथा—दोषस्य वृद्धिश्चयः सा च प्रथमं स्वधाम्न्येव भवति यावानेवाशयः संचारवता दोषेण व्याप्तः तावानेव निःसंचारेण व्याप्यते स च संहतिरूपत्वात् । (१) सञ्चयाख्यः—यदा सर्व एवाशयो व्याप्यते तदा वृद्धिहेतुषु समानगुणेषु प्रद्वेष उत्पद्यते प्रारम्भरूपत्वात् । (२) प्रकोपाख्यः—ततः परस्याशयं प्रविशति तदा विपरीतगुणेच्छा समानगुणे द्वेषश्च स प्रसररूपत्वात् । (३) प्रसराख्यः—यदा प्रथमं स्थानिनमभिभूय अन्यस्थानव्याप्तिस्तदा स्वेषां लिङ्गानां रौक्ष्यादीनां दर्शनं स समन्तादन्यस्थानाश्रयणात् । (४) स्थानसंश्रयाख्यः—ततो विकुर्वाणो ज्वरातिरूपेण अभिव्यज्यते तदाऽस्वास्थ्यं प्रकृत्यन्यथात्वं स रोगरूपेणाभिव्यक्तत्वात् । (५) व्यक्त्याख्यः—ततस्तमेव रोगमवस्थान्तराण्यनुभवन्ननुबध्नाति तदा रोगसम्भवनं 'दीर्घकालानुवर्त्तनमिति यावत्' सोऽवस्थाभेदरूपत्वात् । (६) भेदाख्यः—इति षडवस्थाः—सुश्रुते स्पष्टमुक्ताः ।

"यद्यपि अन्यान्यपि कारणानि सन्ति रोगोत्पादने तथापि तेषां तत्रैवान्तर्भावः" ।

यद्यप्यन्यान्यपि कारणानि सन्ति रोगोत्पादने तानि यथा—ये कुष्ठमधुमेहार्शःशोषवातव्याध्युपदंशप्रभृतयः सहजाः नानाविधाः रोगाः समुपलभ्यन्ते तेषां दुष्टबीजौ मातापितरौ एव कारणम्, अर्थान्मातापित्रोः शरीरे रोगाणां चिरस्थानात् यदा बीजे बीजभागे वा दुष्टिरुत्पद्यते तदनुसारमेव सहजा रोगाः समुत्पद्यन्ते । इति ।

"रोगोऽपि रोगकारणम्"—क्वचिद् रोगोऽपि रोगान्तरस्य भवति हेतुः यथा—चिरं तिष्ठन् ज्वरो ग्रहणीदोषो वा, व्रणो नाडीव्रणो वा शोषहेतुत्वमुपयाति, तथा वा गण्डमालापि शोषेणानुबध्यते, यथा च स्वीयकारणादुत्पन्नोऽपि शोषो ज्वरस्य ग्रहणीदोषस्य वा हेतुः, यथा वा शोषः कासहेतुः, कासो वा शोषहेतुरित्यादयो बहवो रोगाः ये पूर्वं स्वीयहेतुभ्य उत्पद्यमानाः यस्मिन् शरीरावयवे विकृतिं जनयन्ति पश्चात् तच्छरीरावयवसम्बन्धिविकारान्तरोत्पादने कारणानि भवन्ति । एवमेव रोगसाङ्कर्यम्, उपद्रवोत्पत्तिः, व्याधेर्दुःसाध्यत्वादयो वा भावा अपि जायन्ते; प्रायो बहुषु रोगेषु पश्चादुत्पद्यमाना रोगा उपद्रवत्वेन निर्दिष्टाः, तत्र पूर्वोत्पन्ना विकारा एव क्वचित् स्वीयप्रभावात् क्वचिद्वा बलाधायकसमुत्तेजककारणान्तरप्रभावाद्वा विकारान्तरोत्पादिकारणानीति विवेचनीयम् ।

पूर्वमेवोक्तम्—यद्बाह्यं निदानं शरीरेण सम्बद्धं सत् रोगोत्पादनाय द्विधा व्याप्रियते यथा क्वचित्तु निदानं शरीरसम्बन्धानन्तरं संचयप्रकोपादिक्रमेण दोषान् व्यापारयत् शारीरभावानां

वृद्धिक्षयमुत्पाद्य पीडाकरं भवतीति तदिदं निदानं निजत्वेन व्यपदिश्यते; तदुत्पादितानां रोगाणामपि निजत्वेनैव व्यवहारः । यत्तु निदानं पूर्वं रोगस्वरूपं पीडाकरमुत्पाद्य पश्चाद्दोषान् संचयादिषु व्यापारयति तदिदमागन्तुनाम्ना प्रोच्यते ; तदुत्पादितानां रोगाणामपि आगन्तुसंज्ञयैव व्यवहारः । कीटाणूनामप्यत्रैवान्तर्भावः । तत्र आगन्तूनां रोगाणां शरीरे प्रादुर्भावः द्विधा दृश्यते स्वतन्त्रोत्पत्त्या संक्रमणेन च । तत्र काष्ठलोष्टाद्यभिघातेन व्रणादयः स्वतन्त्रेणोत्पद्यन्ते ।

"द्वाराणि त्वागन्तूनां नखदशनपतनाभिघाताभिषङ्गाभिचाराभिशापवधबन्धनव्यधनवेष्टन-पीडनरज्जुदहनशस्त्राशनिभूतोपसर्गादीनि विज्ञेयानि" (चरकसूत्र २० अ.) "संक्रमणम्"—संक्रमस्तु एकस्मात् व्याधितात् अन्यस्याव्याधितस्य शरीरे औपसर्गिकाणां दूषितानां कुष्ठादीनां च रोगाणाम् । तद्द्वाराणि च—तथा तत्तद्रोगाक्रान्तपुरुषेण सह मिथुनीभावः, तद्गात्र-संस्पर्शादि, तेन सहैकपात्रे भोजनं, तदीयनिश्वासग्रहणं, तदुच्छिष्टभोजनम्, अविहितामूलशोधनेषु तदीयपात्रेषु भोजनम्, तेन सहैकशय्यायामेकासने वावस्थानम्, तदास्तरणप्रावरणादीनामुपयोगः, तेन धृतानां तत्स्वेदादिबहिर्मलोपसृष्टानां वस्त्राणां धारणम्, तदुपयुक्तानामुपकरणानां व्यवहारः, तदुपघ्रातमाल्यपुष्पादिकानामाघ्राणनम्—तदन्तर्गताः कीटा एवाद्यापि संक्रमणकारणम् । इत्यादि । तत्संग्रहश्लोकश्च—

प्रसङ्गाद्गात्रसंस्पर्शान्निःश्वासात् सहभोजनात् ।
एकशय्यासनाच्चैव वस्त्रमाल्यानुलेपनात् ॥

कुष्ठं ज्वरश्च शोषश्च नेत्राभिष्यन्द एव च ।
औपसर्गिकरोगाश्च संक्रामन्ति नरान्नरम् ॥ इति ॥

जनपदोद्ध्वंसनाय एकरूपस्य व्याधेराक्रमणम्—

यदा तु असमानप्रकृतिषु, असमानाहारविहारेषु, असमानशरीरसंस्थानबलादिषु, तथा असमानवयःक्रमेषु, बहुषु प्राणिषु युगपद् एकरूपस्यैव व्याधेराक्रमणं भवति, तदा वायुर्जलं देशः कालो वेति चत्वारि रोगकारणसंश्लिष्टानि कारणानि भवन्ति । तत्र वायुरस्वाभाविकोऽतिशीतोऽत्युष्णोऽतिचलोऽतिस्तिमितोऽतिपरुषोऽत्यभिष्यन्दी असात्म्यगन्धः (गन्धस्यासात्म्यत्वं नाम शरीरे विकृतिकारकत्वं यथा विषोपसृष्टत्वादि) पूत्यादिगन्धबहुलः (वायोः पूतिगन्धित्वे तु शारीरमल-व्याधितश्लेष्मपुरीषादिसूक्ष्मकणोपसृष्टिरेव कारणम्) असात्म्यबाष्पप्रचुरोऽसात्म्यधूमोपहत इत्येवमादिरूपो विकृतिकारणम् । अत्र यद्यपि वातसंपृक्ता अनेकविधा अस्वाभाविकाः नानारूपाः सूक्ष्माः पदार्था एवं विकृतौ कारणानि, वायुस्तु द्वारभूत एव तथापि विक्षेपशक्तिरूपेण वातेनो-पनीयमानाः शरीरसम्बन्धे वातरूपतयैवोपलभ्यमानाः पदार्थाः वायुरिति कृत्वा वायोः कारणत्व-व्यपदेशः ।

जलमपि विकृतगन्धं विकृतवर्णं विकृतरसं विकृतस्पर्शमपक्रान्तशुद्धजलचरजीवमित्यादिरूपं विकृतिकारणम् । अत्रापि जलगतानामनन्तविधानां रोगकारणानां जलरूपेण पीयमानानां जलत्व-व्यपदेशः ।

देशोऽपि विकृतो यथा ज्ञातव्यस्तथोच्यते—

भूम्यादिरूपस्य देशस्य विकृतेः पूर्वं ये प्राकृताः गुणाः वर्णगन्धरसस्पर्शादयो भावाः तेषां विकृतत्वं यथा—वर्णान्तरोत्पत्तिर्गन्धान्तरोत्पत्तिः, शीतोष्णादिमृदुकठिनत्वादिविकृतस्पर्शान्तरो-त्पत्तिरित्यादि, तथा क्लेदबाहुल्यम्, तथा नानाविधमशकशलभमक्षिकामूषिकव्यालादिभिरुप-

सृष्टत्वम्, तथोपवनेषु तृणोलुपप्रायत्वम्, प्रतानादिबाहुल्यम्, अप्राकृतापतितशुष्कनष्टशस्यत्वम्-इत्यादिरूपा बहुविधा भूम्यादिविकृतिसंघाताः देशविकृतिरूपेण शास्त्रे निर्दिष्टाः । तथा च सर्वत्र सर्वभावेषु प्रतिक्षणं वैलक्षण्यमापादयन्, उद्भिज्जङ्गमादिकं निखिलं स्थावर-जङ्गमादिरूपं पार्थिवादिरूपं च भौतिकद्रव्यसमूहं प्रतिक्षणं परिणमयन् प्राकृतानां वैकृतानां वा सर्वेषां भावानां कालः स्वभावेन कारणम् । इति चरके जनपदोद्ध्वंसे विमाने ॥

"क्रिम्यादीनां रोगोत्पत्तिकारणत्वे स्वीयसिद्धान्तसंक्षेपः" ।

यद्यपि, प्रतिरोगं भिन्नाकाराः क्रिमयः कारणमिति प्रत्यक्षमुपलभ्यते इत्यतः क्रिमीणामेव कारणत्वं स्यादिति विचार्यते, तथापि तत्तदाकारक्रिमिव्यक्तीनां केषुचिदेव कुष्ठादिषु रोगविशेषेषु उत्पादकत्वं तदन्यत्र तु संक्रामकत्वमेव; उत्पादकत्वं तु तत्तत्क्रिमिविशेषशरीरारम्भकाणामभिवर्द्धकानां पोषकाणां वायुजलदेशकालानामेव । यतो वायुविशेषो जलविशेषश्च आहारत्वेन देशविशेषश्च विहारत्वेन तत्तत्क्रिमीणामारम्भको वर्द्धकः पोषकश्च भवति सामान्यात् । इत्यतस्तदनुकूलवायुजलादय एव कारणानि ते च तत्त्वतो विविच्यमानाः लोके सोमाग्निवायवः, शरीरान्तश्च विविच्यमानाः वात-पित्तकफाः । यतस्तदानुकूल्यमेव लोके वा शरीरे वा सर्वेषां जङ्गमोद्भिदादीनां तदन्तर्गतानां क्रिमी-णामपि उत्पत्त्यभिवृद्ध्योः कारणं तत्प्रातिकूल्यं च विघातकारणमिति सर्वत्र वातपित्तकफसम्बन्धो न व्यभिचरतीति सिद्धान्तः; केवलमागन्तुकारणत्वेन पौर्वापर्य्यभेदः ॥

लोके वाय्वर्कसोमानां दुर्विज्ञेया यथा गतिः ।

तथा शरीरे वातस्य पित्तस्य च कफस्य च ॥ इति चरकचिकित्सिते २८ अध्याये.

रोगपरीक्षाप्रकारः ।

(ख) अथ बुद्धिपूर्वं रोगपरीक्षार्थमुद्युक्तेन वैद्येन त्रय उपाया आश्रयणीया भवन्ति; उपदेशः, प्रत्यक्षमनुमानं चेति । तत्रोपदेशो नाम गुरुमुखात् शास्त्रानुसारं प्रतिरोगं हेतुलक्षण-सूत्राणां श्रवणं मननं गुरूपदिष्टरोगपरीक्षाप्रकारसाक्षात्कारश्च; उपदेशादेव हि रोगाणां बाह्यकारणमाभ्यन्तरकारणं च संस्थानशब्दस्पर्शरूपरसगन्धात्मकं रोगस्वरूपं च, वेदनाश्च विविधाः, अधिष्ठानानि, उपद्रवाः, प्रतीकारार्थो प्रवृत्तिर्निवृत्तिर्वा चिकित्साप्रकारवैशिष्ट्यं च ज्ञायन्ते । एवं उपदेशात् ज्ञातरोगतत्त्वो वैद्यो रोगपरीक्षार्थं प्रत्यक्षमनुमानं च आश्रयेत् । तत्र प्रत्यक्षेण भिषक् सर्वैर्निजेन्द्रियैः सर्वान् आतुरशरीरगतान् शब्दस्पर्शरूपरसगन्धादीन् परीक्षेत ।

"तत्र श्रोत्रेन्द्रियविज्ञेयाः विशेषाः—सफेनं रक्तमीरयन्ननिलः सशब्दो निर्गच्छतीत्येव-मादयः"—सुश्रुतसूत्र ११ अ. । तथा अन्त्रकूजनं सन्धिस्फुटनं चेति, तथा रोगिशरीरावयव-गतान् शब्दविशेषान् स्वरविशेषांश्च श्रवणेन्द्रियेण परीक्षेत । तत्र श्रवणेन्द्रियविज्ञेयाः स्वरविशेषा अपि प्राकृता वैकृता इति द्विधा भवन्ति । तत्र हंसक्रौंचदुन्दुभिकलविंककपोताद्यनुकाः नृणां प्राकृताः स्वरा भवन्ति । ये चापरे स्वाभाविकाः प्रागविकृतैर्विभाविताः । अव्यक्तगद्गदक्षाम-दीनास्तु वैकृताः । अन्येऽपि वाऽस्वाभाविका वैकृताः । एवं मलमूत्रयोः कफस्य रक्तस्य शुक्रस्य रजसो व्रणास्रावस्य छर्दितस्य वा शरीरावयवानां नेत्रजिह्वात्वङ्नखप्रभृतीनां वा यथासम्भवं वर्णसंस्थानप्रमाणच्छायासु प्रकृतिविकृतिभावौ, तथान्यदपि यत्किमपि चक्षुर्वैषयिकं भवेत् तच्चक्षुरिन्द्रियेण परीक्षेत । गन्धांस्तु शरीरगतान् शरीरावयवगतान् अन्यान्वाऽऽतुरसम्बद्धान्

घ्राणेन परीक्षेत । स्पर्शविशेषांश्च नाडीस्पन्दनादीन्, शीतोष्णश्लक्ष्णकर्कशमृदुकठिनत्वादीन्, तथा ग्रन्थिशोथादींश्च शरीरगतान् शरीरावयवगतान् स्पर्शेन्द्रियप्रधानेन पाणिनैव । इति प्रत्यक्षम् ।

इमे तु अनुमानज्ञेयाः आतुरशरीरगता भवन्ति भावाः, तद्यथा—भिषक् आतुरजाठराग्निं जरणशक्त्या अनुमिनुयात् । बलं तु व्यायामशक्त्या—श्रोत्रादीनां प्रकृतिविकारौ शब्दाद्यर्थग्रहणनाग्रहणेन च । मनसः प्रकृतिविकृतित्वे तु अव्यभिचरितेन मानसिकभावेन हर्षविषादादिरूपेण, —वीर्यमुत्साहेन, संज्ञां नामग्रहणेन, वयो भक्तिसात्म्यव्याधिसमुत्थानानि कालदेशोपशयवेदनाविशेषेण, ग्रहणेत मृदुत्वं दारुणत्वं वा, द्विष्टेष्टेष्वसुखं सुखं वाऽऽतुरपरिप्रश्नैर्वाऽनुमिनुयात । तथा च शास्त्रोपदिष्टैर्व्याधिलक्षणैः प्रतिरोगं पूर्वरूपत्वेन रूपत्वेन वर्णितैरन्तःशरीरावयवविकृतिम् । उपद्रवैः व्याध्युत्तरकालं जायमानैः अवयवविकृतितारतम्यम्, एवमरिष्टैस्तु व्याधेरसाध्यत्वम्—तत्रासाध्यत्वं नाम अन्तः शरीरावयवानां तादृशी विकृतिः या कथमपि प्रतिकर्तुं शक्या न भवेत, अर्थात् जीवनशक्तेरवसादोन्मुखो ह्रासः । भवन्ति चात्र श्लोकाः—

"आप्ततश्चोपदेशेन प्रत्यक्षकरणेन च ।
अनुमानेन च व्याधीन् सम्यग्विद्याद्विचक्षणः" ॥ १ ॥

"सर्वथा सर्वमालोच्य यथासम्भवमर्थवित् ।
अथाध्यवस्येत् तत्त्वे च कार्ये च तदनन्तरम्" ॥ २ ॥

"ज्ञानबुद्धिप्रदीपेन यो नाविशति तत्त्ववित् ।
आतुरस्यान्तरात्मानं न स रोगांश्चिकित्सति" ॥ ३ ॥

रोगपरीक्षार्थं रोगिणो दूष्यादिपरीक्षणम् ।

आयुर्वेदसिद्धान्ते रोगविशेषनिर्धारणाय चिकित्साविशेषनिर्धारणाय च दूष्यदेशबलकालाग्निप्रकृतिसत्वसात्म्याहारवयांसि तथा सूक्ष्मसूक्ष्माः तदवस्थाश्च समीक्षेत । समीक्ष्यकृतं हि कार्यं सद्यः सिद्धिं प्राप्नोति । दूष्यादीनां समीक्षणं यथा—

दूष्यं नाम रोगारम्भकार्ये प्रधानस्याभ्यन्तरकारणस्य दोषस्य स्ववृद्धिक्षयविकृतिद्वारा सहकारिकारणम्, यथा प्रमेहे मेदोमांसशरीरक्लेदादि, कुष्ठे त्वग्रक्तमांसलसीकादि, अर्शःसु गुदवलिस्थितत्वग्रक्तमांसमेदांसि, अपस्मारसंन्यासादौ मनोमस्तिष्कादि, इत्येवमादि—तस्य धातूपधातुमलाश्रयमार्गादिभेदादनन्तविधस्य क्षयेण वृद्ध्या विकृत्या वा तत्तद्द्रव्यसम्बन्धनियता ये ये रोगा जायन्ते ते तत्र तत्र सविस्तरं वर्णिताः । तथा दूष्यसम्बन्धाद्रोगस्य साध्यत्वासाध्यत्वज्ञानमपि जायते । यतो दूष्येषु कानिचिद्वातसमानगुणभूयिष्ठानि, कानिचिच्च पित्तसमानगुणाभूयिष्ठानि, कानिचिच्च श्लेष्मसमानगुणभूयिष्ठानि । तत्र समानगुणदूष्यसम्बन्धेन लब्धबलो दोषो व्याधावसाध्यत्वं जनयति; अत एव "न च तुल्यगुणो दूष्य" इत्यादि शास्त्रे निर्दिष्टम् । एवं हि स्पष्टमेव रोगनिर्धारणार्थमावश्यकं दूष्यपरीक्षणम् ।

अथ देशः.

अयं हि शास्त्रे द्विधा वर्णितः—भूमिदेश, आतुरश्च ; तत्र भूमिदेशपरीक्षणं तु रोगनिर्धारणायेत्थमुपयुक्तम् । यथा अयमातुरः कस्मिन् भूमिदेशे जातः संवृद्धो व्याधितो वा, कस्मिंश्च भूमिदेशे मनुष्याणामिदमाहारजातमिदं विहारजातमिदमाचारजातमेतद्बलमेवंविधं सत्वमेवंसात्म्यमेवंविधो दोषः (मलेरियाप्लेगविशूचीप्रभृतिरोगाणामुत्पादकः कारणविशेषः), एवंविधा व्याधयः (यथा पुराणो-

बककर्भूयिष्ठेषु सर्वर्तुशीतलेषु प्रान्तेषु श्लीपदरोगो जायते, इत्यादि) । हितमिदमहितमिदमित्यादिभूमि-देशसमीक्षया रोगविशेषस्य, दोषादिबलाबलस्य च ज्ञानं भवति ।

अथातुरः.

स चायं चिकित्साकर्माधिष्ठानत्वात् देशत्वेन कल्पितः । असौ हि चिकित्साकार्यदेशः, आयुःप्रमाणज्ञानद्वारा दोषप्रमाणज्ञानद्वारा च रोगनिर्धारणे विशेषेणोपयुक्तो भवति । तत्र दोषप्रमाण-ज्ञानं, आयुःप्रमाणज्ञानं चातुरस्य प्रकृतितो, विकृतितः, सारतः, संहननतः, प्रमाणतः, सात्म्यतः, सत्वतः, आहारशक्तितः, व्यायामशक्तितो, वयस्तश्च परीक्षणाद्भवति—तत्रातुरस्य प्रकृतितः परीक्षणमेवंविधम् । प्रकृतिश्च बहुविधा भवति ; तेषां तेषां पुरुषाणां जातिकुलदेशकाल वयःप्रत्यात्मनियता हि ते ते भावविशेषा भवन्ति ; प्रकृतयः षोढा—जातिप्रसक्ता, कुलप्रसक्ता, देशानुपातिनी, कालानुपातिनी, वयोऽनुपातिनी, प्रत्यात्मनियता चेति । तत्र प्रत्यात्मनियता प्रकृतिः पुनः शारीरी सप्तविधा वातादिसम्बन्धात् । मानसी च पञ्चदशप्रकारा त्रिविधसत्वभेदसम्बन्धात् । तत्र शारीरं प्रकृतिविशेषोत्पादे शुक्रशोणितप्रकृतिः, कालगर्भाशयप्रकृतिः, मातुराहारविहारप्रकृतिः, महाभूतविकारप्रकृतिश्चापेक्ष्यते ; इति चतुर्विधप्रकृतिविशेषानुसारं शारीरप्रकृतिः सम्भवति । एता हि चतुर्विधाः प्रकृतयः येन येन दोषेणाधिकेन समेन वा समनुबध्यन्ते, तेन तेन दोषेण गर्भस्थशरीर-मुत्पद्यमानमनुबध्यते, इति । गर्भादिप्रवृत्तप्रकृतिभिर्भिद्यमानाः पुरुषाः श्लेष्मलाः, पित्तलाः, वातलाः, संसृष्टाः समधातव इति सप्तविधा भवन्ति । एवं जन्मनैव सह वातादिसम्बन्धस्तैरेव च शरीरस्यो-त्पत्तिर्वृद्धिर्वर्त्तनम् विकृतिर्विनाशश्चेति । तथा प्रत्यक्षमुपलभ्यते वातप्रकृतेः पुरुषस्य वातप्रकोपण-द्रव्याण्यासेवमानस्य क्षिप्रं वातः प्रकोपमापद्यते न तथेतरौ दोषौ । एवमेव पित्तप्रकृतेः पित्तम्, श्लेष्मलस्य च श्लेष्मा । स च तस्य प्रकोपमापन्नो यथोक्तैर्विकारैः शरीरमुपतपति बलवर्णसुखायुषा-मुपघाताय । इति प्रत्यक्षदृश्यमानशरीरभेदस्य केनापि कारणेन भवितव्यम् । कारणान्वेषणे च वातपित्तकफा एव सिध्यन्ति । इति चरकविमाने विशेषेण द्रष्टव्यम् । एवं बलादिसमीक्षणमपि रोगविशेषनिर्धारणे अतीवोपयोगि भवति ; तद्विवरणं विस्तरभयान्नेह प्रपञ्च्यते ; अभीप्सितं चेत् कलि-कातावैद्यसंमेलनावसरेऽभिभाषिते अस्मदभिभाषणे उपपृष्ठादारभ्य ९२ पृष्ठपर्यन्तमवलोकनीयम् । सैषा रोगिपरीक्षा सम्यगनुष्ठीयमाना रोगतत्त्वपरीक्षणे साहाय्यमाचरतीति ।

चिकित्सास्वरूपम् ।

धातुवैषम्यविघाताय धातुसाम्यसंपादनाय वा विधीयमानः क्रियाकलापः चिकित्सा । तथा चाचार्यपादाः—

याभिः क्रियाभिर्जायन्ते शरीरे धातवः समाः ।
सा चिकित्सा विकाराणां कर्म तद्भिषजां मतम् ॥ १ ॥ इति ॥

तत्र धातुवैषम्यविघातार्थं विधीयमानः क्रियाकलापः—वृद्धानां धातूनां ह्रासकरणम्—क्षीणानां वर्द्धनम्—कठिनानां मृदुकरणम्—मृदूनां कठिनत्वसम्पादनम्—संहतानां विलायनम्—विलीनानां वा संहतीकरणम्—प्रवहतां स्तम्भनम्—स्तब्धानां वा स्वेदनम्—इत्यादिर्बहुविधः ।

धातुसाम्यसंपादनाय विधीयमानः क्रियाकलापस्तु शारीरद्रव्यगुणेषु क्षीणेषु तत्समानानां बृंहणपोषकाणां द्रव्यगुणानां सेवनम्, सेवितानां च शारीरभावरूपेण परिणामाय जाठराग्नेर्यथावच्च धातूष्मणामुत्तेजनम्—यथायोग्यञ्च स्रोतःशोधनम्, चङ्क्रमणधावनप्लवनादीनां बलाधायकानां विहा-राणामुपसेवनम्, रसायनयोगानामभ्यासः, रोगकारणत्यागश्चेति बहुविधः । क्रियमाणेऽस्मिन् द्वितीय-

प्रकारे धातुवैषम्यं प्रकृत्यैव स्वयं नश्यति ; तथैव भावस्वभावात्—निदानत्यागरूपादापूरकहेत्वलाभाच्च तथा चरकः—

त्यागाद्विषमहेतूनां समानाञ्चोपसेवनात् ।
विषमा नानुबध्नन्ति जायन्ते धातवः समाः ॥ १ ॥
कथं शरीरे धातूनां वैषम्यं न भवेदिति ।
समानां चानुबन्धः स्यादित्यर्थं क्रियते क्रिया ॥ २ ॥ इति च ॥

तत्र भेषजव्यवस्था, आहारव्यवस्था, विहारव्यवस्था, देशव्यवस्था, कालव्यवस्था चेति पञ्चविधा व्यवस्था, विधीयमाना संपूर्णा चिकित्सा भवति । अत्र सर्वेषामप्येतेषां भेषजाहारविहारदेशकालानां रोगविघातकाले न भेषजत्वं किन्तु तत्रैवैषाम् भेषजत्वं सम्पद्यते यत्रैषां हेतुविपरीतत्वं व्याधिविपरीतत्वं चोभयविपरीतत्वं वा प्रभावज्ञानेन हेतुव्याधिविपरीतार्थकारित्वं वा संघटते । तथा च सर्वस्मिन्नपि भेषजे हेतुव्याधिवैपरीत्यं विपरीतार्थकारित्वं वा आवश्यकम् । तत् ज्ञानं च रोगहेतूनां रोगलक्षणानां तथैव भेषजानां च सति साधर्म्यवैधर्म्यज्ञाने सम्भवति । तत्र बहवो रोगहेतवः बहूनि च रोगलक्षणानि तथैव बहूनि भेषजानि; तेषां च प्रत्येकं साधर्म्यवैधर्म्यज्ञानमतीव दुःसाध्यमिति कृत्वा सर्वरोगकारणानां सर्वलक्षणेष्वव्यभिचारिणां सर्वभेषजोपकार्याणां च वातपित्तकफानां साधर्म्यवैधर्म्यज्ञानार्थं यत्नो विधेय । उत्पन्ने च वातपित्तकफानां साधर्म्यवैधर्म्यज्ञाने तदनुरूपं विधीयमानं भेषजं प्रायो व्याधिप्रशमकं भवति; यत्र तु व्यभिचरेत् तद्दोषपरिहाराय च पुनः सूक्ष्मेक्षिकया कारणतत्त्वं, लक्षणतत्त्वं, भेषजतत्त्वं च साधर्म्यवैधर्म्याभ्यां सर्वदैव विवेचनीयं सम्यक् । तत्र हेतुग्रहणेन बाह्यानां शीतोष्णादीनामाभ्यन्तराणां च दोषदूष्यस्रोतआशयादिदुष्टीनां सर्वेषां च रोगानुकूलं शारीरावयवव्यापाराणां ग्रहणम् । एतेष्वन्यतमविघातकारणं हेतुविपरीतमेवोच्यते । व्याधिग्रहणेन च चयकोपप्रशमस्थानसंश्रयाद्यवस्थानां तदनुमापकव्यक्तरोगलक्षणानामुपद्रवाणां च ग्रहणम् । एतेष्वन्यतमविघातकारणं व्याधिविपरीतमुच्यते । अत्रापि क्वचिदंशतः क्वचित् सर्वतोभावेन विपर्ययस्थितिरित्युभयविधविपरीतयोस्तारतम्यनिबन्धना अंशांशकल्पनानिबन्धना चेति भवत्येवानन्त्यकल्पना । इत्यतोऽनेकविधविपर्ययाधिष्ठानानि अनन्तानि भेषजानि अनन्तेषु दोषावस्थाविशेषेषु, अनन्तेषु च रोगावस्थाविशेषेषु यथायथं सम्यक् प्रयुक्तानि अव्यभिचारं निर्व्यापदं चाशु रोगं निवारयन्त्येवेति । नास्त्येवात्र विचिकित्सावसरः । अत एवोक्तम्—

यः स्याद्रसविकल्पज्ञः स्याच्च दोषविकल्पवित् ।
न स मुह्येद्विकाराणां हेतुलिङ्गोपशान्तिषु ॥ १ ॥ च. सू. २६ अ.

इत्थं च सिद्ध्यति, रोगकारणविपर्ययशक्तिभूयिष्ठं, शीते कारणे उष्णं भेषजमेवमुष्णे कारणे च शीतं तथा व्याधिस्वरूपदाहग्रथनातिसरणेभ्यो विपर्ययभूयिष्ठं निर्वापणविम्लापनस्तम्भनादिभेषजं भवति । एवमेवोभयविपरीतमूह्यम् । तथैवाहारोऽपि तत्तद्रोगेषु पथ्यरूपेण निर्दिष्टो हेतुविपरीतस्तथा व्याधिस्वरूपविपरीत उभयविपरीतश्च सन्नेव रोगशान्तौ कारणं भवति ; तथा विहारोऽपि आसनादिजेषु मेहादिरोगेषु, चङ्क्रमणादिरूपः, ऊरुस्तम्भे च जलप्रतरणादिरूपः हेतुविपरीतव्याधिविपरीतोभयविपरीतरूपतयैव व्यवस्थापितो रोगप्रशमको भवति । तथैव देशोऽपि शीतकारणजे उष्णो देशः, उष्णकारणजे च शीतो देशः । तथा व्याध्युत्पादकोत्तेजककारणबहुलः व्याध्युत्पत्तिकारणरहितः आनूपजाङ्गलभेदेन निर्दिष्टो देशः हेतुविपरीतव्याधिविपरीतवायुजलभूमिवृक्षादिबहुलतया रोगप्रशमने कारणत्वेनोपलभ्यते । एवमेव कालोऽपि बोध्यः । अत्रेदमपि विशेषेण बोध्यं यद्विपरीतशब्देन—सर्वतोभावेन विपरीतः, विपरीतगुणभूयिष्ठः, विपरीतप्रभावश्च मृग्येत । इति ।

सर्वमप्येतद्भेषजं रोगकारणस्य बहुविधस्यापि सन्तर्पणापतर्पणरूपद्वैविध्यानतिक्रमणात् द्विविधमेव भवति । तदुत्पन्ना व्याधयोऽपि द्विविधा एव सम्भवन्ति तत्र; प्रमेहज्वरकुष्ठामदोषातिस्थौल्यहृद्रोगादयो बहुविधाः गुरुमधुरस्निग्धभोजनादत्यदनात् व्यायामद्वेषादिरूपात् सन्तर्पणात् बहुविधादपि तत्वतः सामान्येन वृद्धिकारणत्वेन एकविधात् सञ्जायन्ते, तथा शोषकासानुबन्धबलमांसक्षयज्वरविण्मूत्रग्रहादयः आपूरकाहारालाभात्, अर्थात् शरीरावयवपोषणाहारदौर्लभ्यात्—रोगाणां चिरावस्थानात् संशोधनातियोगात् इत्यादि बहुविधादपि अपतर्पणात् सामान्येन तत्त्वतः क्षयकारणत्वेनैकविधादेव जायन्ते । तेषु च बहुविधेषु सत्स्वपि सामान्येन द्विविधेषु परस्परं विपरीतं वा विपरीतगुणं वा भेषजं भवति सन्तर्पणजेषु अपतर्पणम्, अपतर्पणजेषु च सन्तर्पणम् । इति ।

अत्रापि अपतर्पणं भेषजं बहुविधं सदपि रोगकारणदोषबलानुरोधात् द्विविधं भवति; शोधनं शमन चेति । तत्र प्रभूते (मात्राधिके) दोषे शारीरान्तर्दोषनिर्हरणार्थं विधीयमानं कर्म शोधनशब्देनोच्यते । तथा अल्पप्रमाणे दोषे तद्वैषम्यनिवर्तकं रोगप्रकृतिविघातकं कर्म शमनशब्देनोच्यते; तत्र शोधनं वमनविरेचननिरूहवस्तिशिरोविरेचनरक्तमोक्षणादिकम्, तथा अवयवविशेषाश्रयाणां दोषाणां निर्हरणाय लेखनाय वा प्रयुज्यमानं धूमकवलग्रहाञ्जनाश्च्योतनादिकम्, तथा पूयमूढगर्भादिबहुविधशल्यनिर्हरणाय छेदनभेदनलेखनव्यधाधिकं शस्त्रकर्म इत्येवं बहुविधं भवति । एवं शमनमपि पाचनदीपनव्यायामोपवासातपमारुतादिकं, तथा शोथघ्नं निर्वापणविम्लापनोपदेहादिकं, तथा धूमनस्यगण्डूषकवलग्रहाञ्जनाश्च्योतनालेपस्नानादिकं इत्यादिभेदात् बहुविधमेव भवति ।

एवं सन्तर्पणभेषजमपि बल्यबृंहणादिगणोपदिष्टं अश्वगन्धाशतावरीबलाक्षीरकाकोली प्रभृति, तथा मांसरसदुग्धादिभोजनम् । अनुवासनं बृंहणरूपं वस्तिकर्म, स्नानाभ्यङ्गनस्य गण्डूषाञ्जनादि, इत्यादिभेदात् बहुविधमपि क्षीणशरीरावयवानां पोषणात् बृहत्त्वकारणात् बृंहणशब्देनोच्यते तदपि शमनमेव । तथा स्वस्थस्यापि रसायनवाजीकरणरूपमूर्जस्करं कर्मबृंहणमेवेति । इत्येतत् बहुविधमपि सामान्यसंक्षेपाभ्यां सङ्गृह्यमाणं द्विविधिमेव भवति सर्वमप्येतद्भेषजं । रोगकारणदोषस्वरूपाभ्यां विपरीतं विपरीतगुणं विपरीतगुणभूयिष्ठं वा विपरीतप्रभावं वाऽवचार्यमाणं स्वबलोपबृंहणाय वा सम्यक् प्रयोगाय वा देशकालमात्रादीनि सहकारिकारणानि नितरामपेक्षते । तथा चोक्तम्—

विपरीतगुणैर्देशमात्राकालोपपादितैः ।
भेषजैर्विनिवर्त्तन्ते विकाराः साध्यसंमताः ॥ १ ॥

अवस्थानुसारं हि विविच्य प्रयुक्तं कर्माव्यभिचारेण साधकं भवति । अवस्थाज्ञानन्तु शास्त्रश्रवणमननाभ्यां गुरूपासनया सतताभ्यासेन प्रतिक्षणं रोग्यवस्थानां भूयोभूयो दर्शनेन च सञ्जायत इति पूर्वमेव प्रतिपादितम् ।

आयुर्वेदशास्त्रे त्रिविधानि भेषजद्रव्याणि उपयुज्यन्ते; जाङ्गमानि, औद्भिदानि, पार्थिवानि च । तेषु जङ्गमेभ्यः आहृत्य यानि दीयन्ते तानि जाङ्गमानि । यथा—मधु दुग्ध दधि घृत पित्त वसा मज्ज रुधिर मांस रेतोऽस्थि स्नायुशृङ्ग नख दन्त खुर चर्म विड् मूत्र केश लोम रोचना इति । पृथ्वीमुद्भिद्य जायन्ते औद्भिदानि; तानि चतुर्विधानि—फलवन्ति पुष्परहितानि च वनस्पतिसंज्ञानि वटोदुम्बरादीनि । पुष्पानन्तरं फलवन्ति तु वानस्पत्यसंज्ञानि—आम्रादीनि । फलपाकावसानानि ओषधिसंज्ञानि गोधूमादीनि । प्रतानवन्ति च वीरुत्संज्ञयाभिधीयन्ते शङ्खपुष्पी प्रभृतीनि । तत्रैषामौद्भिदानां मूल त्वक्सार निर्यास नाल स्वरस पल्लव क्षीर फल पुष्प तैल भस्म क्षार सत्वानि कण्टक शुङ्ग कन्द प्ररोहाश्च प्रयुज्यन्ते । तत्रैतेषु

भेषजद्रव्येषु रस गुण वीर्य विपाकप्रभावाः स्वभावतस्तिष्ठन्ति । वस्तुतस्त एव द्रव्यान्तर्विद्यमाना धातुसाम्यं कुर्वन्ति सम्यक् प्रयुक्ताः । अयं भावः—किञ्चित् द्रव्यं रसप्रधानं, यद्रसेनैव कार्यं करोति । एवं किंचिद्वीर्यप्रधानं । किंचित्तु विपाकप्रधानम् । अथ द्वयोर्द्रव्ययो रसवीर्यविपाकानां साम्येऽपि यदेकं द्रव्यमन्यत्कार्यं कुरुते, एकन्तु अन्यत्कार्यं कुरुते तदिदं कार्यं प्रभावजमेव । प्रभावो नाम रसवीर्यविपाकातिशायी द्रव्यस्य स्वभावः, स पुनः सर्वानपि द्रव्यान्तर्वर्तिनो रसवीर्यविपाकादीनभिभूय कार्यं करोति । तान्येतानि जाङ्गमानि औद्भिदानि वा भेषजानि सद्यः परिणमनशीलानि शिथिलावयवत्वात् । अतो यदा कालक्रमेण एतानि नितरामल्पवीर्याणि अल्पफलानि वा संजातानि तदा आचार्यैर्बहुतिथेन कालेनापि अल्पपरिणमनशीलानि प्रायः स्थिरावयवानि प्रभूतवीर्याणि धातूपधातुरत्नोपरसरसोपरत्नानि प्रयोक्तुमारब्धानि । येषान्तु पार्थिवद्रव्यसंज्ञया व्यवहारस्तेष्वपि रसवीर्यविपाकप्रभावाः पूर्ववदेव विद्यमानाः कार्यकरणे समर्थाः । तान्येतानि बहूनि भेषजानि बहवश्चैषां कल्कक्काथलेहासवारिष्टचूर्णवटीवर्तिचक्रिकादिरूपेण कल्पनाविशेषाः बहव एव प्रयोगप्रकारा ये तारतम्यभावेन विविच्य यथायथं व्यवस्थीयमाना देशकालमात्राभिरुपपादिताश्च तां तां दोषविकृतिं धातुविकृतिं मार्गविकृतिं स्थानविकृतिं वा अवश्यं शमयन्ति । अन्यां विकृतिं च नोत्पादयन्ति ।

सन्ति चैवंविधा अपि प्रयोगा ये प्रयुज्यमानास्तत्क्षणं वेदनाविशेषं शमयन्तो व्याधिप्रशमकतया व्यपदिश्यन्ते ; न ते वस्तुतो व्याधिं प्रशमयन्ति किन्तु व्याधिकारणदोषादि विकृतिमभिभवन्ति । कारणाभिभवेन तत्कार्यव्याधिरपि अभिभूत इव भवति । किंचानावश्यकद्रव्यतया अन्येषु स्रोतःसु आशयेषु वा तत्क्षणं कालान्तरेण वा विकृत्यन्तरमुत्पादयन्तो रोगिणोऽनर्थायैव संपद्यन्ते । अत एव पूर्वाचार्याः—एतादृशीं चिकित्सां परित्यज्य शुद्धामेव चिकित्सामुपदिशन्ति । तद्यथा—

“ प्रयोगः शमयेद्व्याधिं योऽन्यमन्यमुदीरयेत् ।
नासौ विशुद्धः शुद्धस्तु शमयेद्यो न कोपयेत् ” ॥
तदात्वे चानुबन्धे च यस्य स्यादशुभं फलम् ।
कर्मणस्तन्न कर्त्तव्यमेतद्बुद्धिमतां मतम् ॥ इति ॥

(ख) अस्मच्छास्त्रानुसारं विधीयमानायाश्चिकित्सायाः साफल्यमसाफल्यं वा वैद्यानां योग्यतायामवलम्बितम् । यदि वैद्यः शास्त्रीयविषयपूर्णमर्मज्ञः, तर्कशक्तिसंपन्नः, स्मृतिमान्, क्रियाकुशलः, तत्परतागुणसंवलितः स्यात्तदा तेन विहिता चिकित्सा निःसन्देहं फलदात्र्येव प्रायशः सम्भवति ।

भेषजं, वैद्यो, रोगी, परिचारक इमे चिकित्सायाश्चत्वारः पादाः सन्ति । एभिः स्वस्वगुणवद्भिः संयुक्ता चिकित्सा चतुष्पादसंपूर्णा निगद्यते । चिकित्सायां सैषा चतुष्पादसंपत्तिरेव महतीं सफलतां संपादयति । यतो ह्येतदन्यतमपादस्य विकृतौ वैद्यः संपादयितुमशक्तः इष्टकार्यम् । अस्माकं च पद्धतौ भेषजरूपस्य पादस्य पाश्चात्यानामिव स्वल्पत्वं यातयामत्वं प्रायो विविधगरादिसंपृक्तत्वात् परिणामे भ्रंशे च नानाव्यापत्तिकरत्वमित्यादिदोषजातं न संभवति । अत्रत्यौषधानि तु संजातरसवीर्याणि काले सुलभानि स्वल्पव्ययसाध्यानि सुकरविधिसंपादितानि च भवंति । इदमेव कारणं यदायुर्वेदीयसिद्धान्तानुसारं विधीयमाना चिकित्सा भेषजबाहुल्यात्, सुविधिसंपादितत्वात्, अभिनवदशायामेव प्रयोगकरणादयातयामत्वात्प्रायश अमोघैवाद्भुतफला च संजायते ।

वीर्यवत् भावितं सम्यक् स्वरसैरसकृल्लघु ।
रसगन्धादिसम्पन्नं काले जीर्णे च मात्रया ॥ १ ॥
एकाग्रमनसा युक्तं भैषज्यममृतायते । इति अष्टाङ्गसंग्रहे सूत्र. २३ अध्याय ॥

अथास्या देशीयपद्धत्याः साफल्ये, एकः प्राकृतो हेतुरपि विद्यते स चैष यदस्मिन् देशे जातस्य मनुजस्य कृते अत्रोत्पन्नान्यौषधान्याधिक्येनानुकूलानि, यतो हि रोगी अत्रोत्पन्नत्वादत्रत्यवस्तूनि सदैवोपभुङ्क्ते अत एतद्देशोद्भवभेषजानां प्रभावस्तस्य शरीरे त्वरितमनुकूलश्च संजायते। आयुर्वेदशास्त्रे च व्याधिनिवृत्तौ सात्म्यतापि विशिष्टहेतुत्वेनाभिमता, सात्म्यार्थश्चानुकूल्यम्। अर्थात् यद्द्रव्यं स्वस्वभावेन तथा प्रभावेन शरीरावस्थया न प्रतिकूलं तत् सात्म्यमित्यभिधीयते।

एकस्यामयस्यानेकानि भेषजानि सन्ति। यदौषधं रोगिणः सात्म्यं तस्य प्रभावस्तदामये त्वरितं संपद्यते। उचितमेवैतद् यतो हि सात्म्यद्रव्यपरमाणूनां प्रभावः प्रायशः शरीरस्यानुकूल एव संपत्स्यते। पुनस्तस्मिन् वस्तुनि चेत् व्याधिनाशकशक्तिरपि स्यात्तदा तत्फलवैशिष्ट्यं सर्वथा न्याय्यमेव। अयमपि देशीयचिकित्सासाफल्ये प्रबलो हेतुः।

उचितो यस्य यो देशस्तज्जं तस्यौषधं हितम्।
देशेऽन्यत्रापि वसतस्तत्तुल्यगुणजन्म च॥ इति अष्टा. सं, सू. २३.

साफल्यं प्रमाणीकर्तुं यदङ्कनाद्यावश्यकं तत्रोच्यते। यत् वैद्येषु पाश्चात्यचिकित्सकानामिव सञ्चिकाविधानस्य, रोगिणां सम्मतिपत्रसंग्रहस्य, तथा नामाङ्कनस्य च प्रथा न प्रचलितप्राया। अतो रोगिणां संख्यादिविवरणमस्मादृशां दुःशकम्। राजसत्ता देशीयौषधालयान् तथा आतुरावासान् परिस्थाप्यास्याः पद्धतेरनुकूलं प्रबन्धं विधाय पुनरस्याः कियती सफलतेति निश्चिनुयात्।

(ग) अत्रास्माकमेषा सम्मतिर्यदनेकेषु जीर्णरोगेषु महारोगेषु च अन्यचिकित्सापद्धतीनामपेक्षया वैद्यकचिकित्सापद्धतिर्विशेषफलदायिनी संपद्यते। वातव्याधि ग्रहणी ग्रन्थिवाताम्लपित्तोपदंशादिव्याधिता बहवश्चिकित्सिता मया। एतेषां रोगाणां निवर्त्तने आयुर्वेदोक्तानामौषधानां अनेकशश्चमत्कारा अनुभूताः। परन्तु नामाङ्कनादिरीत्यभावात्तेषां प्रमाणोपन्यासः कर्तुमशक्यः। अन्याभिश्चिकित्सापद्धतिभिरप्राप्तस्वास्थ्येषु त्यक्तजीविताशेषु बहुषु रोगिषु आयुर्वेदीयचिकित्सया लब्धारोग्याणां पञ्चषाणामिदानीमेव संप्राप्तानि प्रमाणपत्राणि प्रतिलिपीकृत्य सहैव प्रेष्यन्ते। एतानि च प्रायः ईदृशां महाशयानां सन्ति ये हि राजमान्या राजकल्पा एवं सुप्रतिष्ठिततराश्च विद्यन्ते। एतादृशः पुरुषाः प्रायः कस्यांचिदपि चिकित्सापद्धत्यां तदैव प्रवर्त्तन्ते यदा बहुषु रोगिषु तस्या निश्चितसाफल्यविषये लब्धप्रत्ययाः स्युः। एतेन समितिः स्वयमेवानुमीयात् यत्कियन्तो रोगिणोऽत्र चिकित्सया स्वास्थ्यं लम्भिताः स्युः। अतः समितिर्विचार्येत यदेतादृशैर्व्याधितैरत्र कियत् स्वास्थ्यमवाप्तमिति।

(क) ममैतादृशीभ्यां द्वाभ्यामपि संस्थाभ्यां सम्बन्धोऽस्ति। तद्यथा अत्र जयपुरे धन्वन्तरिऔषधालय इति नाम्ना प्रसिद्धे चिकित्सालये (१) ममैव प्रधानं निरीक्षणं वर्तते। अस्मिन्नौषधालये समागतानां सर्वेषामपि रोगिणां चिकित्सायुर्वेदप्रणाल्यैव क्रियते। अत्र राजकीयसंस्कृतपाठशालायां भिषगाचार्यपरीक्षापर्यन्तमायुर्वेदः पाठ्यते। तत्र शास्त्र्याचार्यश्रेण्योरध्यापनकार्यं ममैवायत्तमस्ति।

(ख) मन्निरीक्षणवर्त्तिनि धन्वन्तरिऔषधालये यथाद्रव्यलाभं चिकित्सौषधयोः प्रबन्धः समीचीन एव वर्तते तथापि साम्प्रतमयमौषधालयः साधारणकक्षामेवावगाहते। यदि कथञ्चन सम्भवेत् पुष्कला द्रव्यप्राप्तिस्तर्हि यत्र चिकित्सालयौषधालययोर्द्वयोरपि सर्वाङ्गसम्पन्नः समावेशः सम्भवति—तादृशं सुविस्तृतं स्थानं कृत्वा चिकित्साशास्त्रोक्तदिशा सर्वर्त्तुसमुपयुक्ताः, सर्वविधौषधनिर्माणसौकर्यवती, सकलोपकरणालङ्कृता रुग्णालयादिभिः संयुक्ताः शाला निर्माय शास्त्रौषधानुभवादिसर्वविधज्ञानसंपन्नान् सिद्धहस्तान् सुप्रतिष्ठिततरान् वैद्यवर्यान् विनियोज्य बहुवैशिष्ट्यं शक्यते कर्तुम्।

पाठशालायामपि ग्रन्थाध्यापनकार्यं यथासाध्यं सम्यगेवानुष्ठीयते, परमौषधपरिचयरोगिनिरीक्षणशस्त्रचिकित्साद्यनुभवविशेषाभिवृद्ध्यर्थं भूयान् प्रबन्धः समपेक्ष्यते । तथा कृते तु काप्यपूर्वैव छटास्यादत्रत्याध्यापनकलायाः ।

(ग) अष्टाङ्गमिदमस्माकमायुर्वेदशास्त्रमस्ति तत्र प्रचलितासु संस्थासु केषांचिदेवाङ्गानां शिक्षाचिकित्सयोर्व्यवस्थापितत्वात् तदर्थं क्रियमाणः प्रबन्धः कथमपि यथेष्टपदवाच्यतां नार्हति । तां यथेष्टतां प्रापयितुं समपेक्षितानां प्रबन्धानामुपायानाञ्च केचिदिमे—

(१) भारते काचन सर्वाङ्गसंपूर्णा बृहद्रसायनशाला कस्मिंश्चित् प्रदेशे संस्थाप्येत ।

(२) तस्मिन्नेव प्रदेशे सर्वसाधनसंपन्नो विद्यालयोऽपि भवेत् ।

(३) तयोश्च तत्तत्कार्यभारमुद्वहन्तः केचन वैद्या वस्तुत एव विद्याविज्ञानानुभवादिभिः सर्वैरेव गुणैः संपन्नाः स्युः ।

(४) भेषजोद्यानानि तत्तदौषधोपजननयोग्येषु क्षेत्रेषु निर्माप्येरन् ।

(५) छात्रा अपि सूक्ष्मविषयावधारणसमपेक्षितशास्त्रान्तरावबोधसमलङ्कृतमतय एव तत्र गृह्येरन् ।

(६) प्रतिप्रान्तमपि तत्तत्प्रान्तावश्यकतानुसारमेतादृश एव प्रबन्धः स्यात् ।

(७) एतादृशस्य महतोऽनुष्ठानस्य सिद्धये समपेक्षितः सुमहान् द्रव्यराशिः शास्त्रदेशोन्नतिसस्पृहाणां महामान्यानां जनानामधिकारे स्थाप्येत ।

(८) पाश्चात्या भिषज्यैव विज्ञानानुमतेति शासकैर्दुराग्रहस्त्याज्यः । एकैव चिकित्सापद्धतिः करे गृहीता लालितेति चाभिनिवेशः परित्याज्यः । अल्पव्ययेन महाफला आयुर्वैदिकी चिकित्सापि स्वीकृत्य परिचेया परिचाययितव्या च । इति ।

(क) विमर्शकसमित्याश्चतुर्थे प्रस्तावे देशीयचिकित्साशिक्षायै य उपाया निर्दिष्टास्तेऽस्माकं पूर्णतया सम्मताः । देशीयचिकित्साया यथेष्टशिक्षायै तेषां परमावश्यकतेति च स्वीकुर्मः । मद्रासप्रान्तपरिस्थित्या न वयं पूर्णतया परिचिताः स्मः । अतो वक्तुमशक्ताः यत्प्रस्तावे निर्दिष्टानां विषयाणां प्रबन्धसौलभ्यं तत्र कियद्वर्त्तते, यदि तत्र प्रस्तावोक्तसाधनानि प्राप्याणि स्युस्तदा स्वल्पेनैवोद्योगेनेदृशः प्रबन्धः संभाव्यते । अन्यस्मिन् कस्मिंश्चित् स्थाने ईदृशः प्रबन्धोऽस्ति न वेत्यत्र विषये अस्मद्दृष्टौ इन्द्रप्रस्थस्थवैद्यकयूनानीशिक्षालये देशीयचिकित्साशिक्षया सह प्रायशः प्रस्तावोक्तानि सर्वाणि साधनानि प्रारम्भिकप्रबन्धत्वेन प्रकल्पितानि । ईदृगेव प्रबन्धो हरिद्वारस्य ऋषिकुले तथा बाराणसेयहिन्दुविश्वविद्यालये शीघ्रं भविता । एतदतिरिक्तोऽप्यन्यत्र कुत्रचिदीदृशः प्रबन्धोऽस्ति न वेति न जानीमः । अस्माकं सम्मतौ देशीयचिकित्सायै एतादृश एव प्रबन्ध आवश्यकः । ईदृशे प्रबन्धे सम्भाव्यते यद्बहुषु स्थानेषु दुःसाध्यता प्रतीयेत । परन्तु दुष्करतावशाद्यदि कार्यं न प्रारभ्येत तर्हि कदाचिदपि तत्साधनसम्भावना नास्ति; सर्वेष्वपि कार्येषु विघ्नबाधाः समुपतिष्ठन्त एव । यदि ईदृशे प्रबन्धे आपतन्तीनां बाधानां निवृत्तिर्दुःशकैव स्वीक्रियेत । तदास्यां स्थितावस्मिन् मते न निम्नोक्ताः प्रबन्धा विधेयाः—

(१) येषु येषु प्रान्तेषु पाश्च्यात्यचिकित्साशिक्षालयाः सन्ति तत्रेदृश एको विभागः प्रकल्पनीयो यत्र वैद्यकं पिपठिषवः—तथा कृताध्ययनाश्च द्विविधा अपि छात्राः प्रवेष्टुमर्हेयुः । शिक्षां विहायान्येषु कर्मसु पाश्चात्यचिकित्साशिक्षाछात्राणामिव तेषां सामान्यं भवेत् । शिक्षायै चेदृशः प्रबन्धः कार्य्यो यद् द्वित्राः प्रधानाध्यापकास्तादृशा नियोज्या ये नवीनपद्धत्यनुसारं विशेषोपयोगि-

नोऽशान् हिन्दीभाषया शिक्षयेयुः । के के विषयाः कियन्तो वाध्याप्याः । अस्य तु निर्णय ईदृश्या समित्या विधेयो यस्यां प्राच्यार्वाच्यचिकित्सानुशीलिनो विद्वांसः संमिलिताः स्युः ।

अस्मिन् प्रबन्धे विशेषकाठिन्यं व्ययबाहुल्यं च न प्रतीयेत । स्वल्पेनैव व्ययेनैष प्रबन्धः सुकरः ।

(२) अथवा येषु प्रान्तेषु देशीयचिकित्साशिक्षायै प्रारम्भिकशाला उच्चविद्यालयाश्च सन्ति तेभ्यो द्रविणसाहाय्यं दत्वा तेषामुन्नतये प्रयतितव्यम् । ये च छात्रास्तत्र शिक्षां लभन्ते ते यथा तत्रत्येषु राजकीयचिकित्सालयेषु (हास्पिटेल) प्रत्यहं गन्तुं चिकित्साभ्यासं च कर्तुं शक्नुयुः तादृशः प्रबन्धो विधेयः ।

(३) आयुर्वेदस्य चिकित्सापद्धतिक्रमो बहोः कालाच्छिन्नभिन्न इव संजातः । अतस्तदुक्तानां सकलानां क्रियाणां येषां बोधो भवेत् तादृशानां पुरुषाणां सर्वथैवाभावः, ये केचनेदृशाः समुपलभ्येरन् । ये ह्यत्रस्थाः कस्याश्चन विशिष्टायाः क्रियाया अभिज्ञाः स्युः । तादृशान् पुरुषानन्विष्यार्थिकेन साहाय्येन सन्तोष्य तत्स्थां तां क्रियां वैद्येषु प्रचारयितुं सौकर्यं क्रियेत । येन तैः सहैव सम्भाव्यविनाशास्ताः क्रियाः संरक्ष्येरन् । अनेन देशीयचिकित्सापद्धत्याः क्षतिपूर्त्ती पूर्णं साहाय्यं लप्स्यते । उपर्युक्तैस्त्रिभिः साधनैरन्यैर्वा कैश्चनोपायैर्देशीयचिकित्सापद्धतेरुत्थानप्रबन्धः कार्यः ।

(४) कलकत्ताविश्वविद्यालयविमर्शसमितेः (कमीशन) संमत्या वयं कस्मिंश्चिदंशे सम्मताः स्मः कस्मिंश्चिच्चासम्मताः। सम्मता अस्मिन्नंशे स्मो यदाधुनिकविज्ञानेन सह सम्बन्धं स्थापयितुं केचनाधुनिकवैद्या उत्सुकाः सन्ति स चायुर्वेदीयसिद्धान्तानां पोषकत्वेन शुभभाविसूचकोऽस्ति । अत्रापि संशयो नास्ति यद्यथा वैद्यद्वारायुर्वेदीयसिद्धान्तानां सौलभ्येन डाक्टराणामुपकारः स्यात्, तथा डाक्टरीयसिद्धान्तानां डाक्टरद्वारा सौलभ्येन वैद्यानामुपकारः स्यात् । असम्मता अस्मिन्नंशे स्मो यत् "डाक्टरवर्गवद् वैद्यवर्गोऽपि बहून् परस्परागतान् भावान् परित्यक्ष्यति"; कारणन्त्वस्येदमस्ति—यदायुर्वेदीयार्षग्रन्थेषु हेयांशः स्वल्पोऽपि नास्ति । तेषु यत् किंचिदपि व्याख्यातं तत् पूर्णतया निश्चितं सत्यं चास्ति । यदि क्रियाकुशलेभ्यो विद्वद्वैद्येभ्योऽपि डाक्टरीचिकित्सावद् आयुर्वेदीयचिकित्सां सर्वाङ्गसंपन्नां कर्तुं समुचितं साहाय्यं दीयेत तर्हि आर्षग्रन्थविषये क्रियमाणानामाक्षेपाणां यथार्थोत्तराणि दातुं शक्यन्ते । सिद्धान्तानामौषधप्रकाराणां च भिन्नत्वादुभयोः पद्धत्योरभेदो दुर्घट एव ।

प्राच्यार्वाच्यचिकित्सापद्धत्योः सम्बन्धं संपादयितुं निम्नोक्ता उपाया अस्मत्सम्मत्या साहाय्ये उपयुक्ताः—

(१) देशीयचिकित्सापद्धतिच्छात्राः परिसमाप्य वैद्यकशिक्षां प्राप्य चोचिताश्छात्रवृत्तीः पाश्चात्यचिकित्सामभ्यस्येयुः ।

(२) पाश्चात्यचिकित्साछात्रा यथा वैद्यकसिद्धान्तज्ञानमप्युपलभेरन् तथा प्रबन्धः कार्यः ।

(३) वैद्यकशास्त्रमर्मज्ञा महान्तो विद्वांसो ये हि पाश्चात्यचिकित्सासिद्धान्तमपि जानीयुस्ते वैद्यकग्रन्थीयसिद्धान्तविषयान् हिन्दीभाषायामनुवादरूपेण परिवर्त्तयेयुः ।

(४) पाश्चात्यचिकित्सकाश्च ये हि वैद्यकसिद्धान्तविज्ञातारः स्युस्तेऽपि पाश्चात्यचिकित्सासिद्धान्तान् हिन्दीभाषायामनुवदेयुः । एभिरुपायैरस्मन्मतेन सम्मिलितरीतेः सफलता सम्भाव्यते । एवमुभयो रीत्योः प्रतिनिधयः परस्परं परिचिता भूत्वा उभयतः सारमादाय उभयतोऽपि व्याप्तमेकदेशीयत्वं क्षपयिष्यन्ति ।

(९) विमर्शकसमित्या अनेन प्रस्तावेन वयं सर्वथा सम्मताः स्मः। देशीयचिकित्सया सार्द्धं पाश्चात्यचिकित्सायास्तथा प्रचलितविज्ञानस्य च सम्बन्धः परमावश्यकः। परन्तु स शिक्षाक्रमस्तथा परिष्कृतः स्यात् यथास्माकं प्राचीनशल्यशालाक्यतन्त्राणि पुनरुज्जीवेयुः भविष्ये चोन्नतिक्रमः सुप्रवृत्तस्तिष्ठेत्।

शिक्षा च तत्सम्बन्धिनी कियती किंविधा च भवेत्, तथा परीक्षाश्च काः का नियोज्याः? अस्मिन् विषये प्रारम्भे "निखिलभारतवर्षीयायुर्वेदविद्यापीठनियमावल्यां" निर्दिष्टाः परीक्षाः, पाठ्यक्रमः पाठ्यपुस्तकानि च पर्य्याप्तानि मन्यामहे। समितिस्तद्दर्शनश्रमं स्वीकरिष्यतीत्यस्ति नः सम्भावना। शिक्षायाः परीक्षायाश्चोपदेशिक्याः प्रायोगिक्याश्चेत्युभयविधाया अपि प्रबन्ध आवश्यकः। अथवेदृशी समितिः प्रकल्प्येत यस्यामुभयशास्त्रनिष्णाता योग्या विद्वांसः सम्भूय पाठ्यक्रमे विशेषं विचारयेयुः। उक्तसमित्याः यथासम्भवं सदस्येषु अर्धसंख्याका आयुर्वेदविद्यापीठसदस्याः भवेयुः ते च यथा निर्णयेयुः तथैव पाठ्यक्रमो निवेशनीयः।

आयुर्वेदविषयाणामुच्चशिक्षा संस्कृतभाषयैव देया, तथा नव्यविषयाणां शिक्षा हिन्दीभाषया दातव्या। यत्र तु हिन्दीभाषायाः सौकर्यं न भवेत्तत्र तत्तत्प्रान्तीयभाषाभिर्नव्यविषयाणां शिक्षा देया।

(६) देशीयचिकित्सकानां नामानि पञ्जिकायां (रजिष्टरे) अवश्यं निवेशनीयानि। तस्यां हि तेषां समस्तभिषजां नामानि विलिख्येरन्। ये हि प्रतिष्ठितविद्यालयेभ्यः प्राप्तशिक्षाः कस्यांचित् परीक्षायामुत्तीर्णाश्च स्युः, अथवा ये परम्परया वैद्यवृत्त्युपजीवनवशात् चिकित्सापद्धत्यां निपुणा भवेयुः, ईदृशान् भिषजो निर्णेतुं प्रतिप्रान्तमेका समितिर्योग्यविद्वद्वैद्यैरेव पूर्णा निर्मीयेत, या स्वीयप्रान्तीयानामुपरिलिखितानामुभयविधभिषजां सूचीं विधाय पञ्जिकायां (रजिष्टरे) निवेशयेत्। एतत्पञ्जिकासंगृहीतनामभिर्वैद्यैर्दत्तानि प्रमाणपत्राणि च डाक्टरदत्तप्रमाणपत्रवत् राजशासनालयेषु प्रमाणीक्रियेरन्। तत्सम्बन्धिभिः (रेजिष्ट्रेशन) नियमैर्वयमपरिचिताः। अतस्तद्विषये न किंचिदपि लेखितुं प्रभवामः। तन्नियमपरिवर्त्तनावसरे कतिपये महाभिषजः आमन्त्रणीयाः।

(७) वर्त्तमाने काले प्रायशो जनैर्निर्विवादं मन्यत एव यत् पाश्चात्यपरिपाट्या उपक्रमणे व्ययबाहुल्यं संजायते। तद्विपरीतं च वैद्यकसिद्धान्तानुसारं विहिता चिकित्सा स्वल्पव्ययेनैव सम्पद्यते। उचितमेवैतत् यतो हि पाश्चात्यौषधानि द्वीपान्तरेभ्योऽत्रानीयन्ते, अथ च भारतवर्षादसिद्धान्येव भेषजानि संगृह्य विदेशं प्रापितानि नानाविधरूपेण परिणमय्यात्र प्रतिनिवर्त्यन्ते प्रायशः। एवं च पाश्चात्यौषधानां महार्घत्वमनिवार्यमेव। असिद्धौषधानां बहिर्देशेभ्यस्तत्र प्रापणे एवं प्रतिनिवर्त्तने निर्माणस्थानेषु च भृतिबाहुल्यादिरूपः कारणकलापात्—भेषजानां व्यवसायरूपेण परिणमनाच्च महार्घतोचितैवेति स्पष्टं प्रतीयते।

देशीयौषधानि च परिमुक्तान्येवास्माद्दोषसम्बन्धात् यतस्तान्यत्रैव उत्पद्यन्ते निर्मीयन्ते प्रयुज्यन्ते चाप्यत्रैव। इदमेव कारणं येन देशीयौषधानि विदेशीयभेषजापेक्षया स्वल्पव्ययसाध्यानि। अत्रैतावदेव पर्याप्तं प्रमाणत्वेन यद्देशीयौषधालयानां पाश्चात्यौषधालयानां च वार्षिकविवरणानि परिदृश्येरन्। किं च मद्रासनिवासिनो दिवं यातस्य (वैद्यरत्न पण्डित डी. गोपालचार्लुमहाशयस्य दाक्षिणभारते आयुर्वेदप्रचारः) इतिनाम्नि लेखेऽपि समित्या अवधानदानमभ्यर्थयामहे—यस्य हि १६, १७, १८, १९, २९ पृष्ठेषु मद्रासप्रान्तीयविभिन्नभागेषु संचालितानां देशीयभेषजालयाना व्ययस्तदागतरोगिसंख्यापुरस्तस्तथा विदेशीयभेषजालयानामपि व्ययस्तदागतरोगिगणगणनापुरोगस्तत्तद्देशीयराज्यानां वार्षिकविवरणानामाधारेण दिङ्मात्रेण संदर्शितोऽस्ति। एवमत्रत्यधन्वन्तरि औषधालयस्य

वार्षिकविवरणमपि विद्यते परं प्रमाणम् । अस्य हि दर्शनात् स्फुटं ज्ञायते यत्प्रत्यहं रोगिभ्यो वितीर्यमाणमौषधजातं कियता स्वल्पेनैव मूल्येन साध्यते । समित्याह्यत्रावधेयम्, यत्प्रायशोऽधुना देशीयभेषजालयेषु वैद्यकशास्त्रानुसारं सिद्धानां प्रसिद्धानाञ्च केषाञ्चिदेव भेषजानां वितरणप्रबन्धो वर्त्तते ।

अस्यां पद्धत्यामनेकानीदृशान्यपि भेषजानि सन्ति यानि निर्मातुं प्रक्रान्तानि न केवलमनल्पं श्रममेवापेक्षन्ते किन्तु धनव्ययमपि प्रचुरम् ।

यदि स्वर्णलौहादिघटितान्यन्यानि महार्घाण्यपि तथाविधानि भेषजानि कुत्रचित् कार्यालयं व्यवस्थाप्याधिकपरिमाणेन सम्पाद्येरन् तर्हि तान्यपि सुलभानि भवेयुः ।

पाश्चात्यचिकित्साया लघुतमे आयुर्वेदभैषज्यस्य महत्तमे व्ययेऽपि कल्पिते पूर्वत्र द्विगुणो व्ययः प्रतीयते । औषधानां विदेशादागमनम्, निर्माणशालानामत्राभावः, शुल्कस्याधिक्यम्, डाक्टराणां व्ययबाहुल्यं जीवनमिति व्ययाधिक्यकारणानि । इतश्च समीप एव द्रव्याणामुपलब्धिः, निर्माणसौकर्यमधिकतया, द्रव्यापादने व्ययाल्पत्वं, वैद्यानां मितंपचा वृत्तिश्च लाघवकारणानि । इत्यवधेयम् ।

(क) आयुर्वेदावनतेरनेके हेतवः सन्ति । विचारदृष्ट्या पर्यालोचितानां तेषां निम्ननिर्दिष्टा भेदाः सम्पद्यन्ते ; तद्यथा—

(१) देशपरिस्थितेर्भूयोभूयः परिवर्त्तनम्, राजसाहाय्याभावः, देशीयचिकित्सां प्रति राज्याधिकारिणां विपरीतभावश्च ।

(२) वैदेशिकाक्रमणकाले सुबहूनां ग्रन्थरत्नानां संहारः, मुद्रणयन्त्रालयाभावश्च ।

(३) वैद्यकशिक्षार्थं विद्यालयानामत्यन्ताभावः, पाठ्यप्रणाल्याः क्रमानिश्चयः, औपदेशिकशिक्षया सह प्रायोगिकशिक्षाया अव्यवस्थापनम् ।

(४) वैद्यानां प्रयोगान् विहायान्येषु शास्त्रीयेषु विषयेष्वौदासीन्यं वैद्यानां वैद्यकसम्बन्धिनां पाठ्योपयोगिनां विषयाणां गोपनस्वभावः, साम्प्रदायिकशिक्षाविवर्जितानामपि वैद्यवृत्त्या जीविकार्जनप्रवृत्तिः । एतत्कारणातिरिक्तानामन्येषां साधारणकारणानां प्रायः एतेष्वेव समावेशः सम्पद्यते ।

(५) इदानीं पूर्ववर्णितानां चतुर्णां कारणानां मध्य एकैकस्य विवरणमावश्यकं प्रतीयते । सर्वेभ्यः प्रथमं कारणम् । 'देशपरिस्थितेर्भूयोभूयः परिवर्त्तनम्'—इत्यस्ति । एतस्य पर्यालोचनसमये देशस्यैतिहासिकस्थितावपि दृष्टिनिक्षेप आवश्यकः । यद्यप्यस्माकं देशस्येतिहासो नाद्यापि सर्वाङ्गसंपन्नतां प्राप्तोऽस्ति तथापि तेनैतत् प्रतीयते यद् बौद्धकालानन्तरं देशस्य शासनावस्थात्यन्तमेवाव्यवस्थिताऽतिष्ठत् । अल्पाल्पयापि कालकलया देशस्य शासनाधिकारः एकस्या जातेर्जात्यन्तरमगच्छत् । आन्ध्रकिण्वादीनां बहूनां राजवंशानां राज्यस्थितेरितस्ततः परिवर्त्तनं जातम् । एतस्मात् परिवर्त्तनात् प्रायो देशे शान्तेरभाव एवासीत् । येन देशस्य विद्यानां कलानां चोन्नतौ महती बाधा समजायत । एतस्मादेव बौद्धकालादायुर्वेदावनतेरपि प्रारम्भो भवति । बौद्धानां प्राधान्येन शवच्छेदोदमपि महत्पातकममन्यत । अहिंसासिद्धान्तस्य प्रबलप्रचारेण शरीरस्थानां व्रणादीनामवचारणादिकमपि दोषदृष्ट्याऽदृश्यत । एतेन शल्यचिकित्साया महती क्षतिर्जाता । एतस्मिन्नेव काले निरुद्धः शस्त्रप्रयोगाभ्यासो नाद्यापि पुनः प्रचारं लभते । राज्यव्यवस्थाया अचिरस्थायित्वादायुर्वेदस्यान्येषामप्यङ्गानां प्रोत्साहनं नाभूत् । राजाश्रयाभावात्तस्मिन् काले या स्थितिरभवत् सैव प्रवर्त्तमानाऽतिष्ठत् । तस्या अग्रतो वृद्धिर्नाभवत् । मुगलसाम्राज्यपर्यन्तं देशव्यवस्थाया इयमेव दशा-

ऽतिष्ठत् । मुगलसाम्राज्यकाले तु ततोऽपि अधिकतरा क्षतिरस्याः पद्धतेरभूत् । यतस्तस्मिन् काले यवनसम्राजो यूनानीयचिकित्सामुन्नेतुं विशेषात् प्रायतन्त । यावन प्रादुर्भावोऽभवत् । राजाश्रयवशाद् यूनानीयचिकित्साया विशेषरूपेण विकासोऽभवत् । अस्मिन् परिवर्तने देशीयचिकित्साया महान् ह्रासोऽभवत् । पुस्तकालया अपि बहवोऽस्मिन् समयेऽनश्यन् । तेषु स्थितानां चान्यशास्त्रीयग्रन्थानामिवायुर्वेदग्रन्थानामपि विध्वंसोऽभवत् । मुगलसाम्राज्यान्तेऽपि कियन्तं कालं यावद्देशपरिस्थितिरसमीचीनैवास्त । तदुत्तरं च वृटिशसाम्राज्यप्रारम्भोऽभवत् । अस्मिन् साम्राज्ये आयुर्वेदीयचिकित्साया ह्रासक्रमस्य स्वल्पः प्रतिबन्धोऽभवत् । किं च केचन तादृशा अपि हेतवोऽत्र समवेता अभवन् यैरायुर्वेदस्य, तच्चिकित्सायास्तदुपजीविनां वैद्यानां च महानुपकारोऽप्यभवत् । तेषां हेतूनां मुख्या इमे—

(१) अस्मिन् काले मुद्रणयन्त्राणामाविष्कारोऽभवत् येन यथाकथंचित् अवशिष्टानां स्वल्पसंख्याकानामपि महोपयोगिनां केषांचिद् ग्रन्थानां प्रचारोऽभवत् । यद्येतेऽपि ग्रन्था विध्वंसमगमिष्यन् नूनमेवायुर्वेदो निष्फलः फल्गुश्चामंस्यत । परमेतेषां रक्षया प्रचारेण चाद्यापि शक्यते विज्ञातुमायुर्वेदगौरवम् ।

(२) अस्मिन् समये देशस्याशान्तौ महती न्यूनताऽभवत् । शान्तिस्थापनेन च शिक्षां प्रति लोकाः प्रावर्तन्त । शिक्षायाः कलाकौशलस्य च विकासोऽभवत् । पाश्चात्यसाहित्यस्य प्रचारेण शिक्षया च देशे जागृतिरजायत । ऐतिहासिकगवेषणाभिर्देशस्य गौरवं बुद्धिगोचरतां प्राप्तुमारभत । अनेके विद्वांसः स्वप्राचीनविद्यानां विवृद्ध्यर्थं यत्नमातन्वन् । एवं च सर्वोऽपि जनः स्वस्य क्षीणावस्थां परिहर्तुं प्रयत्नपरायणोऽभवत् ।

(३) किंचास्मिन् काले पाश्चात्यानां विदुषां महता परिश्रमेण विज्ञानस्य सम्भावनातीता समुन्नतिरभवत् । यद्बलेन चिकित्सोपकरणानां सौलभ्यबाहुल्ये अभवताम् । नानाविधानां यन्त्राणां, शारीरमानचित्राणां, विविधभेदानां शस्त्राणां, भेषजनिर्माणयन्त्राणां च प्रादुर्भावोऽभवत् । एतेषामुपकरणानां व्यवहारश्चिरप्रसुप्तान् वैद्यानप्यजागरयत् । तेऽपि स्वावस्थोन्नयनाय समचेष्टन्त । चिरलुप्तानां बहूनां विषयाणामनुसन्धानमारभन्त । एतैः समस्तैरपि कारणैर्वैद्यानां देशीयचिकित्सापद्धतेश्च महानुपकारोऽभवत् ।

परमहो खेदः । यवनसाम्राज्य इवास्मिन्नपि साम्राज्ये वैद्यविद्या राजाश्रयं नालभत । ब्रिटिशशासनविभागोऽपि डाक्टरीचिकित्सायाः प्रचाराय एव महान्तमवलम्बनमददात् । पाश्चात्यचिकित्सयैव पूर्णो राज्याश्रयः समधिगतः । सर्वेष्वपि प्रधाननगरेषु हास्पिटिलस्थापनमक्रियत । कोटिशो मुद्रा अस्याश्चिकित्सायाः प्रचारपरिवृद्ध्यर्थं विनियोजिताः; अनेकेषु नगरेषु डाक्टरीशिक्षणार्थं विद्यालया व्यवास्थाप्यन्त । लब्धडाक्टरीविद्याबोधानां भृतिव्यवस्था शासनविभागेन स्वयमेव सुसमुचितरूपेण विधीयते; ततश्च बहवो जना महोत्साहेन शिक्षायामस्यां प्रावर्तन्त । अत्रत्यराज्येष्वपि ब्रिटिशशासनविभागादेशानुसारं हास्पिटिला एव व्यवास्थाप्यन्त । डाक्टरीचिकित्साया राजनियमैः रक्षाऽक्रियत । एवं नानाविधैरुपायैर्डाक्टरीचिकित्सायै ब्रिटिशसाम्राज्येन सुमहत् साहाय्यमदीयत । बहुषु स्थानेषु तु देशीयचिकित्सापद्धतिमुपजीवद्भिः सह कठोरा व्यवहारा अप्यक्रियन्त । देशीयचिकित्सापद्धत्यै सहायं दातुं प्रार्थितश्च ब्रिटिशशासनविभागस्तादृशान्युत्तराणि अददात्, यैरस्याश्चिकित्साया विषये विपरीतभावाः स्पष्टं प्रतीता अभवन् ।

एतैः सर्वैः कारणैः पाश्चात्यचिकित्सात्र सुप्रचारिताऽभवत्, येन देशीयचिकित्साया उन्नतिपथे महती बाधा समघटत । यद्यपि पूर्ववर्णितैः कारणैः स्वत एव देशीयचिकित्सापद्धतेरुपकारा

अप्यभवन् तथापि ब्रिटिशसाम्राज्यात् प्रत्यक्षरूपेण कोपि लाभो नाभवत् । एवं च बौद्धकालादारभ्य वर्त्तमानकालपर्यन्तं भूयो भूयो देशपरिस्थितेः परिवर्तनकारणात्, राजाश्रयालाभात्, प्रत्युत मुगलकाले वर्त्तमानकाले च शासनविभागस्य रुचेर्विपरीतत्वादस्याः पद्धतेर्नैरन्तर्येण ह्रासोऽभवत्, भवति च । यदि देशदशाया एतादृशो विपर्यासो राजाश्रयप्राप्त्यभावश्च नाभविष्यतां तर्हि नूनमेव बहुगम्भीरतत्वतलस्पर्शिन आयुर्वेदस्य सुमहान् विकासोऽभविष्यत् ।

(२) "वैदेशिकाक्रमणकाले सुबहूनां ग्रन्थरत्नानां संहारो मुद्रणयन्त्रालयाभावश्च"—द्वितीयो हेतुः । एतस्मादप्यस्याः पद्धतेर्महती हानिरभवत् । अनेके यवना आक्रमणकारिणो भारतीयाननेकान् पुस्तकालयान्निर्दयमदहन् । अनेके धनापहारमिव पुस्तकानामप्यपहारं चक्रुः । एवं च बहवो ग्रन्था भस्मीभूता बहवश्च देशान्तरं गताः । ये चाप्यवशिष्टास्तेऽपि मुद्रणादिप्रचारसाधनाभावात् प्रायः संहारमुपागच्छन् । चरकसुश्रुतयोष्टीकाकृद्भिरनेकेषां ग्रन्थानां नामोल्लेखः प्रमाणोद्धारश्च कृतः; परमहो कष्टं न तेषां चिह्नमात्रमप्यवशिष्यते । यद्यष्टाङ्गविषये लिखिताः सर्वा अपि प्राचीनाः संहिता विद्यमाना अभविष्यंस्तर्हि वर्त्तमानकाले आयुर्वेदे क्रियमाणा आक्षेपा नैवावकाशमलप्स्यन्त । तेषां समाधानानि वा तासां साहाय्येन सम्यगकरिष्यन्त । शल्यशालाक्यकायचिकित्साकौमारभृत्यरसायनवाजीकरणादिष्वद्भुतेषु विषयेषु बह्व्यः संहिता अभवन् । केवलं कायचिकित्सामुद्दिश्य विरचितानां निम्ननिर्दिष्टाभिधानानां दशानां संहितानां तु प्रमाणान्यप्युपलभ्यन्ते । नामानि चेमानि—अग्निवेशसंहिता, भेलसंहिता, जतूकर्णसंहिता, पराशरसंहिता, क्षारपाणिसंहिता, हारीतसंहिता, खरनादसंहिता, विश्वामित्रसंहिता, अगस्त्यसंहिता, अत्रिसंहिता चेति । अग्निवेशसंहितामेव केचन चरकं मन्यन्ते । अन्ये च भिन्नामेव तां स्वीकुर्वते । कथं चिदप्यास्तां तथापि कायचिकित्सायामेकां चरकसंहितां विहायान्याः सर्वा अपि विलुप्ताः । एतदतिरिक्तानामन्यासामपि सत्तासम्भावनं नानौचित्यमवगाहते कायचिकित्सावच्छालाक्यादिविषयेष्वपि भोजतन्त्र पौष्कलतन्त्र वैतरणतन्त्र भालुकितन्त्र गौतमतन्त्र विदेहतन्त्र निमितन्त्र काङ्कायनतन्त्र शौनकतन्त्र सात्यकितन्त्र गार्ग्यतन्त्रादयोऽतिविशदा उत्तमाः स्वस्वविषयप्रतिपादका ग्रन्था अभूवन् । परमहो कालप्रभावेणाद्यैतेषां नाममात्रमेवावशिष्यते । यदि वैदेशिका आक्रमणकारिणः पुस्तकालयान्नाधक्ष्यन् ग्रन्थान् वा देशान्तरं नानेष्यन् मुद्रणविधेर्वा प्रादुर्भावोऽभविष्यत् तर्हि त इमे महाग्रन्था आयुर्वेदोद्धारे महतीं सहायतामकरिष्यन् । एवं चास्मादपि कारणादायुर्वेदस्य महती क्षतिर्जाता ।

(३) तृतीयं कारणं चेदं—"वैद्यकशिक्षार्थं विद्यालयानामत्यन्ताभावः, पाठ्यप्रणाल्याः क्रमानिश्चयः, औपदेशिकशिक्षया सह प्रायोगिकशिक्षायाः अव्यवस्थापनं च"—पूर्वकारणैः क्षतविक्षतमायुर्वेदमिदं तृतीयं कारणं ततोऽप्यधिकतरं रसातलमनयत् । आदावस्याः शिक्षायाः सुप्रबन्धोऽभवत् । शिष्यगणा गुरुगृह एवाध्ययनाय निवासं चक्रुः । अध्ययनेन सहैव औषधदर्शनज्ञानं, व्याधिज्ञानं, भेषजदानज्ञानम्, तथा भेषजनिर्माणं चाप्याशिक्ष्यत । अनेकेषु गुरुगृहेषु विद्यार्थिनां महती संख्याऽभूत् । बहुषु स्थानेषु शिक्षायाः समुचितः प्रबन्धोऽअभवत् । तेषु च विद्यार्थिनः सर्वाङ्गशिक्षां प्राप्नुवन् । अस्मिन् विषये प्रमाणान्यनेकेषु स्थलेषु समुपलभ्यन्ते । बहुष्वध्यायेषु शिष्यकृतानां प्रश्नानां तदुत्तराणां च विवेचनमस्ति । गुरुगृहाण्येव तस्य कालस्य विद्यालया आसन् । तेषु सर्वाङ्गशिक्षाया पूर्णः प्रबन्धोऽभवत् । तस्याः परिपाट्याः शनैः शनैर्लोपे जाते पठनपाठनव्यवस्थाऽतिनिकृष्टां दशां समाश्रयत । मध्यकाल एवैतस्य विपर्यासस्य प्रारम्भोऽभवत् । स चेदानींपर्यन्तमप्यनुवर्त्तमानोऽस्ति । शनैः शनैः पठनेन सहैव भेषजपरीक्षणविरचनवितरणादीनामप्यभ्यासो न्यूनतामगच्छत् । अन्ततश्च केवलं पुस्तकाभ्यासं वर्जयित्वा प्रत्यक्षक्रियाभ्यासस्य सर्वथा लोपोऽभवत् । एतेन वैद्यानां ग्रन्थस्य विषयमन्तरेण भेषजपरीक्षणाद्यभ्यासस्य क्रमशः

शैथिल्यमभूत्। अद्यत्वे तु बहव एतादृशा अपि वैद्यास्सन्ति ये भेषजविज्ञाननिर्माणयोः सर्वथैवासमर्था दृश्यन्ते। अध्ययनस्य कश्चिन्नियमो नासीत्; केवलमिच्छैव नियामिका अभवत्। एतेन भिन्नभिन्नपुस्तकानामध्ययनक्रमः प्रवृत्तोऽभवत्। शनैःशनैर्जनास्तस्य विषयस्याध्ययनं व्यर्थममन्यन्त, यस्मिन्नायुर्वेदसिद्धान्तानां चिकित्साक्रमस्य च वर्णनमस्ति। केवलं प्रयोगविभागाध्ययनमेव पर्याप्तममन्यन्त। एतया प्रथमोऽयं परिणामः संजातो यद् बहवो वैद्याः आयुर्वेदशब्देन किमभिप्रेतमस्तीत्यपि नावगच्छन्ति, व्याधिः कथमुत्पद्यते, तस्य कारणानि च कानि सन्तीत्येतावज्ज्ञानं तु दूरापास्तमेव। ते महाभागाः केवलं निदानप्रयोगखण्डयोराश्रयेणैव चिकित्सां कुर्वन्ति। एतेन योग्यानां विदुषां वैद्यानामत्यन्तमेव न्यूनता समपद्यत। एष क्रमश्चिरात् प्रचलितो वर्त्तते। इदमेव कारणमस्ति यद्द्यायुर्वेदे ? विविधा आक्षेपा जायन्ते। सत्स्वपि च सहस्रशो वैद्येषु तेषामुत्तरदातारोऽङ्गुलिनिर्देश्याः। केचिदेव कुत्रचिद् दृष्टिगोचरा भवन्ति। यद्यायुर्वेदशिक्षायाः कश्चन निश्चितक्रमोऽस्थास्यत् तथा पुस्तकशिक्षया सहैव प्रत्यक्षरूपायाः क्रियात्मिकायाश्चापि शिक्षायाः क्रमः प्रावर्तिष्यत तर्हि भगवदायुर्वेदस्यैतादृशोऽधःपातो नाभविष्यदिति शक्यत एव सम्भावयितुम्।

(४) इदानीं चतुर्थं कारणमवगिष्यते। तदपि पूर्वोक्तकारणत्रयापेक्षया न्यूनं न भवति। यदा सुवैद्यानां चिकित्सया सुमहांल्लाभोऽभवत्तदा बहवो जनास्तेषां सन्निधाने स्थित्वा ते यानि भेषजानि प्रायुञ्जत तेषां संग्रहे प्रवृत्ता अभवन्। एवं कैश्चिद्दिनैः कांश्चिद्योगान् संगृह्य ते स्वयमपि चिकित्सावृत्तिमारभन्त। भेषजानां प्रयोगा आयुर्वेदशास्त्रे तथा सुपरीक्षिता अवन्ध्यप्रयोगाश्च सन्ति यत्तेषां साहाय्येन साधारणप्रज्ञोऽपि नरश्चिकित्सां कृत्वा यशोभाग् भवितुमर्हति। अतस्तेषां चिकित्साकार्ये साफल्यमवलोक्य लोकाः प्रयोगमात्रपरिचयमेवायुर्वेदममन्यन्त। क्रमशश्चेयं स्वल्पविद्यानां धनसंग्रहमात्रप्रयोजनानां संख्या समवर्धत। अन्येऽपि संपूर्णशास्त्रपरिचयं व्यर्थमिव मन्वानास्तावतैव कृतसन्तोषा गम्भीरशास्त्रतत्त्वविज्ञानविमुखा अभवन्। इदमेतावत्पर्यन्तं जातं यदस्मात् कालात् पञ्चाशद्वर्षेभ्यः पूर्वं तादृशा वैद्या अत्यल्पा एवाभवन्। ये वैद्यकस्य संपूर्णान् विषयान् जज्ञुः प्रयोगमात्रविज्ञानो वैद्यास्त्वनन्ता अभवन्। किं च यदा प्रयोगमात्रबलेन चिकित्साव्यवहारोऽभवत् तदा योग्यचिकित्सकाः सिद्धप्रयोगान् तदितरांश्च वैद्यकविषयानगूहयन्। एतावदपि श्रूयते यत्पितरः पुत्रानपि विशिष्टप्रयोगान् चमत्कारपूर्णाः क्रियाश्च नाशिक्षयन्। एतया रहस्यगोपनप्रथया भेषजसंपादनविधेः स्नेहन स्वेदन वमन विरेचनादिप्रक्रियायाश्च महान् संहारोऽभवत्। ये केचिदेतादृक्क्रियानिपुणा मार्मिकाश्चाभवंस्तेऽन्यान् प्रति तत्प्रकाशनमनुचितममन्यन्त। एतेनायं कुत्सितः परिणामः समुद्भूतो यदिदानीन्तनानां चिकित्सायाः प्रधानाङ्गानां स्वेद स्नेह वमन विरेचन वस्ति अवगाहन धूमपान नस्य निरूहादीनां परमप्रयोजनीयविषयाणां प्रचारः सर्वथैव विलुप्तः। एषैव दशा भेषजसंपादनविधेरप्यभवत्। वैद्यस्तावनधिकारिपुरुषप्रवेशं दृष्ट्वा तदभिज्ञा जनास्तमपि गुप्तं चक्रुः बहवो भैषज्यनिर्माणविषयस्तु तज्ज्ञातॄणां पुरुषाणां शरीरैः सहैव समाप्तिमगच्छन्। एवमनधिकारिपुरुषप्रवेशेन सुयोग्यवैद्यानां हृदये रहस्यगोपनभावः समुदितः। समुदयं प्राप्तेन च तेन बहूनां सुभेषजनिर्माणप्रक्रियाणाम्, अनन्तानामुत्तमप्रयोगाणाम्, अवस्थाविशेषप्रयोज्यप्रयोगाणाम्, असंख्यानां चमत्कारिप्रयोगाणाम्, स्नेहादिपञ्चकर्मणां च प्रायो नाश एव कृतः। अन्ततस्तस्मिन् कार्ये महदेव वैषम्यं समापतितम्। ये सर्वेष्वन्यव्यापारेष्वयोग्याः प्रमाणिता अभवन्, ते सुकरं मत्वा चिकित्सकव्यापारमुदरपूर्त्तिसाधनमकल्पयन्। एष च व्यापारो वर्त्तमानकाले नितान्तमेव प्रचरति। मुद्रणकलाप्रचारेण पुस्तकान्यल्पेनैव मूल्येन समासाद्यन्त। कानिचिच्च पुस्तकानि प्रान्तीयभाषास्वपि व्यरच्यन्त; ततश्च व्यापारान्तरेष्वसफलाः सहस्रशः पुरुषा वृत्तावस्यां प्रविश्य जीर्णशीर्णमपि चिकित्साशास्त्रं मन्दतरतामनयन्। एषामेव महात्मनां कृपयाद्य वैद्यकपद्धतौ विविधा

आक्षेपा लब्धावसरा भवन्ति । एवमनेन चतुर्थेन कारणेन न केवलमायुर्वेदस्य क्षतिरेवाभवत्, किन्तु सुविमलतरेऽस्य यशःकाण्डेऽपि कुकीर्त्तिकलङ्करेखा पदं चक्रे । उपर्युक्तकारणचतुष्टयातिरिक्तान्यन्यान्यपि कतिपयानि क्षुद्रक्षुद्रतराणि तादृशानि कारणानि सन्ति यानि चिकित्साविधेर्ह्रासे महतीं सहायतामकुर्वन् । परं प्रबलानि विशिष्टानि च कारणान्येतान्येव सन्ति । एतेषामेवानुग्रहेणाद्य वैद्यकपद्धतिर्मुमूर्षुभावमनुभवति । एवमिदं साधारणतो दिग्दर्शनमात्रम् ।

उपर्युक्तविघातककारणचतुष्टयनिराकरणपुरःसरं दशमप्रश्नोत्तरे वर्णितानामुपायानामवलम्बनमेवास्य पुनरुत्थाने हेतुः ।

राजशक्तिः (सरकार) देशीयचिकित्सोत्थाने पाश्चात्यचिकित्सानुसारं बहु कर्तुं शक्नोति, यतः सैवास्याः पद्धत्या उत्थानप्रयत्नं विधातुमर्हति । यदि त्विदानीमिदं दुष्करं मन्येत तर्हि अस्मिन् समये यानि कर्माणि तथा सुगमतया संपादयितुं शक्यन्ते तानि चतुर्धा विभज्याधस्तान्निर्दिश्यन्ते—

(१) शिक्षाप्रचारः ।

(२) प्राचीनपुस्तकानामन्वेषणं प्रकाशनं च ।

(३) वैद्यकविषयिकाणां विशिष्टग्रन्थानां भाषायामनुवादः । तथा वर्तमाननूतनविज्ञानस्यापि हिन्दीभाषायामनुवादः ।

(४) औषधनिर्माणशालास्थापनं (Pharmacy) फार्मेशी.

(१) सर्वतः प्रथमं शिक्षाया अत्यावश्यकता तस्याः सौकर्यार्थं अत्र एकोऽपि मेडिकल कालेजतुल्यकक्षोऽष्टाङ्गवैद्यकशास्त्रस्य महाविद्यालयोऽवश्यमादर्शरूपेण स्थापनीयः ; यस्मिन् वैद्यकशास्त्रस्य पूर्णशिक्षाप्रबन्धः संभवेत् । चिकित्सोपयोगिपदार्थसंग्रहालयः, पुस्तकालयः, भैषज्यनिर्माणशाला, औषधालयः, आतुरालयः, छात्रावासः, वनस्पत्युद्यानं चैत्येषां तथा सामयिकानां चिकित्सोपयोगिनां नवनवानां यन्त्रशस्त्रचित्रादीनां च समुचितप्रबन्धो विधेयः । उक्तविद्यालये पाठ्यक्रम आयुर्वेदविद्यापीठेन स्वीकृतां प्रणालीमनुसरेत् ।

अथवा—एका ईदृशी समितिरुभयशास्त्रमर्मज्ञभिषजां प्रकल्प्येत या पाठ्यक्रमं निश्चिनुयात् । उक्तसमित्यां न्यूनातिन्यूना अर्द्धसंख्याकाः सदस्या ईदृशाः भवेयुर्ये निखिलभारतवर्षीयायुर्वेदविद्यापीठसदस्या अपि स्युः ।

विद्यालये भेषजपरिचयस्य रोगपरिचयस्य भेषजनिर्माणस्यौषधदानस्य शवच्छेदसहकृतस्य शारीरावयवसम्परिज्ञानस्य यन्त्राद्युपयोगस्य चाभ्यासः सर्वैरपि छात्रैः कर्तव्यः । परन्तु सहैवैषोऽपि प्रबन्धो विधेयः येन कतिपये छात्राः भिन्नभिन्नविषयान् पठेयुः । यतः एक एव जनः सर्वकर्मसु विशेषेण पूर्णविज्ञतां संपादितुमशक्तः । एवं प्रतिप्रान्तं एको महाविद्यालयः स्थापनीयः । प्रान्तविशालनगरेषु वायुर्वेदशिक्षार्थं पाठशालाः स्थाप्येरन् । यासु साधारण्याः शिक्षायाः प्रबन्धो भवेत् ।

(२) राजसत्ता कतिपयानामीदृशीं विदुषां समितिं समायोजयेत्, वृत्तिमानादिसंतोषिता या भारतीयेषु विभिन्नस्थानेषु वैद्यकशास्त्रस्य प्राचीनान्येवमप्रकाशितानि पुस्तकानि गवेषयेत् । तेषु च यान्युपयोगीनि स्युस्तानि संशोध्य मुद्रापयेत् ।

(३) वैद्यकशास्त्रस्य मर्मज्ञैर्भिषग्भिरायुर्वेदस्योपयुक्तानि पुस्तकानि सरलहिन्दीभाषायामनुवादयितव्यानि । सामयिकाश्च सिद्धान्ताः प्राचीनेषु आयुर्वेदग्रन्थेषु सूत्ररूपेण वर्णितास्तेषां प्रचलित-

शैलीमनुसृत्य विस्तृतविवेचनं कारयितव्यम् । तथा नूतनाश्च विषयाः संस्कृते वा हिन्दीभाषायां वावश्यमनुवादयितव्याः ।

(४) राजसत्ता (सरकार) योग्यवैद्यानां साहाय्येन प्रतिप्रान्तं एका बृहतीमायुर्वेदौषधनिर्माणशालां (फार्मेसी) स्थापयेत् । यस्याः शाखाः प्रायशः सर्वेषु प्रान्तीयविशालनगरेषु स्थापयेरन् ।

औषधनिर्माणशालायां तु विभागद्वयम्—असिद्धौषधविभागः, सिद्धौषधविभागश्च । तत्र असिद्धौषधविभागे सर्वविधा निर्दोषा अकृत्रिमाश्च काष्ठौषध्यः, धातवः, उपधातवः, विषाः, उपविषादयश्च समुचितमूल्येन विक्रयार्थं यथाकालं संगृह्णीरन् । सिद्धौषधविभागे घृत तैल गुटिका चूर्णावलेहासवारिष्टादीनां सिद्धकाष्ठौषधानां तथा धातूपधातुभस्मादीनामेवं रसादिसिद्धप्रयोगाणामुत्तमः प्रबन्धः क्रियेत । औषधनिर्माणविधानञ्च सर्वासु निर्माणशालास्वेकविधमेव स्यात् । एतत्कृते क्रियाकुशलानां अनुभविनां भिषजामेका समितिः प्रकल्पनीया । सा च यान् विधीन् सर्वोत्तमान् विज्ञाय निश्चिनुयात् तदनुसारमेव तेषां साधनपरिपाटी भवेत् ।

(क) एवं प्रधाना राजसत्ता (सरकार) उपरिलिखितैश्चतुर्भिर्विधानैर्देशीयचिकित्सापद्धत्या उद्धारे साहाय्ये च सर्वथा समर्था । एवमेव च देशीयराज्यान्यपि स्वस्वाधिकृतराज्येषु एतेषां चतुर्णां विधानानां कस्याप्येकस्य वा यस्य तत्र सारल्येन प्रबन्धः शक्यः यस्य प्रयोगकार्ये परिणमस्तस्याः पद्धत्याः उद्धारे साहाय्यं कुर्युः । किं च—यथा पाश्चात्यविज्ञानं पोष्यते तथैव पोषणेन अभेदनीतिघोषणेन रोगमृत्युप्रमाणपत्रेषु वैद्यानामप्याप्तत्वस्वीकारेण वैद्यानामुपाधिजीविकाभ्यां संवर्धनेन गवेषकेभ्यो वृत्तिमानदानेन च साहाय्यं कुर्युः इति ।

(ख) नगरप्रबन्धकारिण्यः (म्यूनिसिपलिटी) समितयः विशालेषु नगरेषु धर्मार्थदेशीयचिकित्सालयान् परिस्थाप्य तेषु सर्वप्रकाराणामौषधानां दानप्रबन्धमपि कुर्युः । सथासम्भवं तैः सहातुरालया अपि स्थाप्येरन् । विशालनगराणि विहाय लघुनगरेष्वपि उक्तचिकित्सालयानां शाखाः परिस्थाप्य देशीयपद्धत्या उद्धारे साहाय्यं संपादयेयुः ।

(ग) विश्वविद्यालयाश्च स्वस्वस्थानेषु संस्कृतन्यायवेदान्तव्याकरणसाहित्यादीनामन्यविषयाणामिव आयुर्वेदपाठनम्, आयुर्वेदविद्यापीठपाठनक्रमानुसारिणीरायुर्वेदपरीक्षा अपि नियुञ्जीरन्

(घ) वैद्याश्च निजप्रान्तीयसंघटनद्वारा शिक्षाप्रचारेण पुस्तकान्वेषणेन पुस्तकप्रकाशनेन पुस्तकानुवादेन उत्तमप्रयोगाणां परस्परमगोपनेन समाचारपत्रद्वारा लेखद्वारा वा लोके वैद्यकज्ञानप्रचारेण तथा विवादग्रस्तानामौषधानां निश्चयादिना नैकविधेन कर्मजातेन सहायका भवितुमर्हन्ति । इति साधारणजनाश्च यावच्छक्यं देशीयभैषज्यस्वीकारेण व्याख्यानैर्लोकसंबोधनेन च प्रचारं कर्तुं शक्नुवन्ति । इति शम् ॥

BOMBAY.

(2) Srijut Vaidya Panchanana KRISHNA SASTRI KAVDE, B.A.
(*President, The All-India Ayurveda Sammelan*, 1922).

मद्रदेशीयवैद्यविमर्शकसमितिप्रश्नानां उत्तराणि ।

१. आयुर्वेदमुद्दिश्यैव प्रश्नानां उत्तराणि दास्यामि ।

२. (अ) धातुसाम्यक्रिया चोक्ता तंत्रस्यास्य प्रयोजनम् ।

विकारो धातुवैषम्यं साम्यं प्रकृतिरुच्यते ।

सुखसंज्ञकमारोग्यं विकारो दुःखमेव च ।

तद्दुःखसंयोगाः व्याधयः ।

इति चरकसुश्रुतवचनान्यनुसृत्य धातुवैषम्यं रोगः धातुसाम्यं चारोग्यं इति आयुर्वेदगतं व्याधिलक्षणं सुस्पष्टमेव । लक्षणमिदं च सर्वेऽपि सुधियः संमानयेयुः । शरीरगतवैषम्यमूला एव सर्वे रोगा इत्यत्र नव्यशास्त्रसंप्रदायानुयायिनामपि शंकावसरो न लभ्येत । शरीरमनःशरीरि-(आत्मा) समवायः पुरुष इत्युच्यते । तत्र आत्मा च निर्विकारः सुखदुःखरहितः । निजागंतुविभागेन तत्र रोगा द्विधा स्मृताः । तेषां कायमनोभेदादधिष्ठानमपि द्विधा । एवं रोगा अपि निजाः आगंतवः शारीराः मानसाश्च एवं चतुर्विधाः । पुनस्तेऽपि सहजाः गर्भजाः जातजाः पीडाकृताः कालजाः प्रभावजाः स्वभावजा इति सप्तविधाः । एवं अनेकविधा अपि व्याधयः वैषम्यमूला एव । "दोषा एव हि सर्वेषां रोगाणामेककारणम् ।" इति वचनेऽपि वैषम्यमेव रोगकारणं इति स्पष्टम् ; तद्वैषम्यं च कस्मात् जायते इति पृष्टे चेत्तर्हि

कालार्थकर्मणां योगा हीनमिथ्यातिमात्रकाः ।

सम्यग्योगश्च विज्ञेयो रोगारोग्यैककारणम् ॥

श्लोकेऽस्मिन् रोगस्य आरोग्यस्य च कारणमतीव स्पष्टतया वर्णितम् । कालार्थकर्मणां हीनमिथ्यातियोगैः शरीरे वैषम्यं जायते । तेन वैषम्येण च रोगाः प्रादुर्भवन्तीत्यत्र किमशास्त्रीयम् । शरीरगतानां धातूनां घटकावयवानां प्रमाणं च यावत्कालं समं स्यात् तावत्कालं शरीरस्य आरोग्यं स्यात् । यदा च शरीरघटकावयवानां धातूनामाहारविहारादिकारणैः असात्म्येन्द्रियार्थसंयोगप्रज्ञापराधपरिणामकारणैर्वा शरीरगतवातपित्तकफानां चयप्रकोपप्रसरस्थानसंश्रयनिमित्तकं धातु (दोष) वैषम्यं जायते तदा व्याधयः समुद्भवन्ति । अस्य सविस्तरं विवरणं कलिकातासंमेलनाधिपतिभिः आयुर्वेदमार्तण्डपण्डितलक्ष्मीरामस्वामिभिः प्रथमद्वाशपृष्ठपर्यन्तं कृतम् । तत्सुधीभिर्यथावसरं द्रष्टव्यम् । अस्मिन् सिद्धान्ते किमप्यशास्त्रीयमसमर्थनीयं वा न विद्यते । गुणलक्षणकार्यात्मकं दोषाणां वर्णनमायुर्वेदीयग्रंथेषु बहुलतरमुपलभ्यते । परं वस्तुरूपनिदर्शकं तेषां वर्णनं न दृश्यते । अतो वातपित्तकफाः काल्पनिकाः न तु शरीरगताः शरीरधातव इति पाश्चात्यवैद्यशास्त्रविदुषामन्यथाग्रहः संजातः । तेन विपरीतग्रहेण च नानाविधा आक्षेपा उपन्यस्यन्ते । वस्तुतो विचार्यमाणे दोषा अपि शरीरगताः अवयवा इति सुस्पष्टम् । दोषशब्दः आयुर्वेदीयग्रंथेषु केनार्थेनोपयोजित इत्यस्य प्रश्नस्य निर्णयः, दोषशब्दस्य निर्देश आयुर्वेदे येषां येषां शब्दानां साहचर्येण कृतो दृश्यते तेषां सर्वेषां समुच्चयविचारेण भविष्यति । दोषधातुमलमूलं हि शरीरं, त्वचः कलाः धातवः दोषाः मलाः यकृत्प्लीहानौ इत्यादिवचनेषु दोषाणां निर्देशः कृतः । समानानामेव हि प्रायेण समभिव्याहारा भवन्ति । यदुपरिनिर्दिष्टवाक्येषु धातुमलैः सह दोषशब्दस्य साहचर्यं दरीदृश्यते न तत्केवलं संख्यानार्थं प्रत्युत विशिष्टगुणकर्मसाम्यख्यापनार्थम् । पुण्यपत्तनीयमहाराष्ट्रवैद्यकपाठशालाध्यापकैः नरहरिशिवरामपरांजपे इति सुप्रथितनामधेयैर्वैद्यवर्यैः अकोलावैद्यसभायां दोषविज्ञानमुद्दिश्य निबंधः पठितः । तस्य समारोपः सर्वैः भिषग्वरैरवश्यं मनसि निधेयः । समारोपान्ते दोषविषये यः सिद्धान्तः साररूपेण सर्वेषां विचारार्थं तैरुपन्यस्तः सोऽग्रतो दीयते । दोषधातुमलाः शरीरावयवा इति स्पष्टतमं प्रतिभाति । शरीरं चेदं पाञ्चभौतिकं षड्रसात्मकं सेन्द्रियं सजीवमिति सुप्रथितम् । तस्मिंश्च संग्रहात्मको वर्धनात्मकः विशरणात्मकश्च व्यवहारः कायतनुशरीरशब्दप्रयोगेणावगम्यते ।

तस्मात् अवयविनः देहस्य संग्रहवर्धनविशरणात्मकस्य व्यापारस्य चालका ये अवयवा दोषधातुमलास्तेऽपि पांचभौतिकाः सेन्द्रियाः सजीवा इति वक्तुं न कोऽपि संशयः। तथापि तेषां अस्तित्व अनुमानेनैव सिध्यति।

(आ) आदौ निदानविधिना विदध्याद्रोगनिश्चयम्।
ततः कर्म भिषक् पश्चात् ज्ञानपूर्वं समाचरेत्॥

रोगं निदानप्राग्रूपलक्षणोपशयाप्तिभिः।
दर्शनस्पर्शनप्रश्नैः परीक्षेताथ रोगिणम्॥

इति श्लोकेषु रोगनिदानं कथं कर्तव्यं चिकित्साकर्म च कथं करणीयमिति संक्षेपतया वर्णितम्। रोगनिदानसमये हेतुप्राग्रूपरूपोपशयसंप्राप्तिपंचकस्य विचारः सूक्ष्मतया करणीयः। रोगिपरीक्षासमये च आतुरगृहमभिगम्य उपविश्य आतुरमभिपश्येत् स्पृशेत् पृच्छेच्च। त्रिभिरेतैर्विज्ञानोपायै रोगाः प्रायशो वेदितव्या इत्येके। तत्तु न सम्यक्। षड्विधो हि रोगाणां विज्ञानोपायः। तद्यथा पञ्चभिः श्रोत्रादिभिः प्रश्नेन चेति। तत्र श्रोत्रेन्द्रियविज्ञेया विशेषा रोगेषु व्रणास्रावविज्ञानीयादिषु वक्ष्यन्ते 'सफेनं रक्तमीरयन्ननिलः सशब्दो निर्गच्छति' इत्येवमादयः। स्पर्शनेन्द्रियविज्ञेयाः शीतोष्णश्लक्ष्णकर्कशमृदुकठिनत्वादयः स्पर्शविशेषा ज्वरशोफादिषु। चक्षुरिन्द्रियविज्ञेयाः शरीरोपचयापचयायुर्लक्षणबलवर्णविकारादयः। रसनेन्द्रियविज्ञेयाः प्रमेहादिषु रसविशेषाः। घ्राणेन्द्रियविज्ञेया अरिष्टलिङ्गादिषु व्रणानामव्रणानां च गन्धविशेषाः। प्रश्नेन च विजानीयाद्देशं कालं जातिं सात्म्यमातङ्कसमुत्पत्तिं वेदनासमुच्छ्रयं बलमन्तरग्निं वातमूत्रपुरीषाणां प्रवृत्त्यप्रवृत्ती कालप्रकर्षादींश्च विशेषान्। आत्मसदृशेषु विज्ञानाभ्युपायेषु तत्स्थानीयैर्जानीयात्।

धातुसाम्यक्रियैवायुर्वेदस्य प्रयोजनम्। अतः चिकित्साकर्मसमये वैद्यस्यैतत्प्रधानकर्तव्यं यद्रोगिशरीरे कस्य घटकावयवस्य वृद्धिः क्षयो वा संजातः इति ज्ञातव्यम्। ज्ञात्वा च वृद्धानां ह्रासनं क्षीणानां वर्धनं च कार्यम्। इदमेव चिकित्सातत्त्वं आयुर्वेदे संतर्पणापतर्पणनाम्ना बृंहणलंघनपर्यायेण वा प्रसिद्धेन द्विविधोपक्रमत्वेन वर्णितम्। लंघनमपि शोधनशमनरूपेण पुनर्विभज्यते। स्नेहस्वेदवमनविरेचनशिरोरेकबस्त्यस्त्राविस्रुतीनां समावेशः शोधनलंघने भवति। पाचनदीपनक्षुत्तृड्व्यायामातपमारुतानां समावेशश्च शमनलंघने भवति। चिकित्साकर्मणि च कस्य द्रव्यस्य उपयोगः कया रीत्या करणीय इति रसगुणवीर्यविपाकप्रभाववर्णनप्रसंगेन पण्डितलक्ष्मीरामस्वामिभिः चतुर्विंशतिपृष्ठादारभ्य चतुस्त्रिंशत्पृष्ठपर्यन्तं मनोरमतया प्रतिपादितम्। तद्भिषग्वरैरवश्यमवलोकनीयम्। चिकित्साकर्मणि सुविमलकीर्तिच्छुभिः भिषग्वरैः किं किमवश्यं करणीयं इत्यधोलिखितश्लोकद्वये सम्यक्तया प्रतिपादितम्—

दूष्यं देशं बलं कालमनलं प्रकृतिं वयः।
सत्त्वं सात्म्यं तथाऽऽहारमवस्थाश्च पृथग्विधाः॥

सूक्ष्मसूक्ष्माः समीक्ष्यैषां दोषौषधनिरूपणे।
यो वर्तते चिकित्सायां न स स्खलति जातुचित्॥

श्लोकयोरनयोर्व्याख्यानं पं. लक्ष्मीरामस्वामिभिः पंचत्रिंशत्पृष्ठादारभ्य षट्पंचाशत्पृष्ठपर्यन्तं हृदयंगमतया कृतम्। तच्चानाघ्रातायुर्वेदगंधैः पाश्चात्यवैद्यपण्डितैरवश्यमवलोकनीयम्। पुण्यपत्तनीयायुर्वेदौषधालयेभ्योऽपरेभ्योप्यन्येभ्यो धर्मौषधालयेभ्यः प्रमाणदानेन आयुर्वेदीयचिकित्साफलं संसाधयितुं सिद्धोऽस्मि।

(इ) संग्रहणीक्षयार्तीसारादिरोगेषु आयुर्वेदचिकित्सा विशेषतः फलदायिनीति सर्वत्र लोकग्रहः अनुभवोऽपि तथैवेति विस्तरोऽनावश्यकः । क्षयस्यासाध्यावस्थां गतौ द्वौ रुग्णौ आयुर्वेदीय चिकित्सया रोगमुक्तौ संजाताविद्युद्घोषयितुं महान्मे आनन्दो भवति । तयोर्नाम्नी स्थानं च यथावसरं प्रकाशयामि ।

३. (अ) देशीयायुर्वेदीयौषधालयातुरालयविद्यालयादिसंस्थाभिरहं साक्षात् संबद्धोऽस्मि ।

(आ) वर्तमानायुर्वेदविद्यालयौषधालयातुरालयाः—

१. आरोग्यदानदृष्ट्या अपरिपूर्णाः ।

२. आयुर्वेदाध्यापनदृष्ट्याऽप्यपरिपूर्णाः ।

द्रव्याभावाद्विद्यालयादिकानां कार्यप्रसारोऽतीव कष्टप्रायः संजातः । प्रतितालुकाग्रामं औषधालय एकः प्रतिजिल्हास्थानं च आतुरालयसमन्वितो विद्यालयः आवश्यकः । स च वनस्पत्युद्यानभेषजसंग्रहालयरसशालौषधशालाग्रंथसंग्रहालयादिनानाविधसंभारसमन्वितो यथाकालं करणीयः ।

(इ) एवंविधानां संस्थानामभावे आयुर्वेदस्य कर्मपथाभ्यासशिक्षादानं कष्टतरं संजायते । अतो विद्यमानस्य प्रत्यूहस्य निराकरणमादौ करिष्यामि । वर्तमानायुर्वेदविद्यालयेषु प्रवर्त्यमाना शिक्षणसरणिरतिसुलभेति न कोऽपि संदेहः ! परं गुरुगृहमेव विद्यालयातुरालयौषधालयादिसंभारसमृद्धमायुर्वेदशिक्षणसर्वस्वमिति धिया पठतश्छात्रस्य गुरुगृहो आयुर्वेदज्ञानसंपादनं यद्यपि कष्टतरं तथापि नापर्याप्तं इति निःसंदेहमहं प्रतिपादयामि । सांप्रतं चायुर्वेदः कष्टायां दशायां वर्तमानोऽपि चिकित्साफलतेजसा यदात्मनो भास्वरतां भासयति तत्र प्राचीनायुर्वेदीयशिक्षापद्धतिरेव प्रधानं कारणमिति न कोऽपि संदेहः । वर्तमानशिक्षापद्धत्यां विशेषवस्तुसंभारसमन्वयेन आयुर्वेदज्ञानसंपादने सुलभता ज्ञानाभिवृद्धिर्वा भवेत् । परं गुरुगृहमेव आयुर्वेदसर्वस्वज्ञानदायी; बुद्ध्या शिक्षणं संपादयतां छात्राणां कृते गुरुपरंपराशिक्षणज्ञानपद्धतिरपरिपूर्णेत्युच्चरितुमहं न प्रभवामि ।

४. (अ) देशीयवैद्यकशिक्षणपद्धतेरुदात्तध्येयमनुस्मृत्य यथोचितशिक्षणज्ञानार्थं संसूचिताः सूचनाः संमताः । शनैः शनैः एवमपि स्यात् ।

(आ) सांप्रतमेतद्ध्येयमुदात्तं वर्तमानदशायां किं किं करणीयं के के चोपायाः समुपयोजनीया इत्यस्य निर्णयः संमेलने एव भविष्यति ।

५. कलिकाताविश्वविद्यालयनियुक्तसमितिमताद्भिन्नं मे मतम् ।

६. आयुर्वेदीयशिक्षणप्रणाल्यां पदार्थविज्ञानशास्त्रम्, (Physics), रसतंत्रम् (Chemistry), जीवशास्त्रम् (Biology), इत्येतेषां विषयाणां नव्यवैद्यशास्त्रपद्धत्या च शवच्छेदादिसहितशारीरविकृतशारीरजंतुशास्त्रशल्यतंत्रादिविषयाणां समावेशः कर्तव्यः । तत्र न कापि हानिः । परं तु तेषां ज्ञानमावश्यकमित्याग्रहो न युक्तः । आयुर्वेदविद्यापीठशिक्षणप्रणाल्यनुसारेण शिक्षणे संसूचितया दिशा संमेलनमतानुसारेणाधिका परीक्षा उपाधयश्च निर्मिता भवेयुः । समवसितदेशीयशिक्षणक्रमस्य अधीतपंचकाव्यस्य विद्यालयेऽस्मिन्प्रवेशाधिकारो भवेत् । अध्ययनकालश्च यथाग्रंथं त्रिवर्षादारभ्य षड्वर्षपर्यन्तं स्यात् । अध्ययनभाषा च गीर्वाणभाषोपबृंहिता देशीयभाषा स्यात् ।

७. वर्तमानपाश्चात्यवैद्यनिपुणानां नामसंग्रथन (Medical Registration) शासनमिवायुर्वेदार्थमन्यच्छासनमनावश्यकम् । तथापि संमेलनद्वारेण सद्वैद्यानामेकत्र संग्रथनमत्यन्तमिष्टम् । संमेलनसभासदो (च) नियमानुसारेण ये वैद्यसभासदो भवितुमर्हन्ति तेषामेवात्र संग्रथनं भवेत् ।

८. पाश्चात्यदेशीयवैद्यकपद्धतीरनुसृत्य प्रवर्तितौषधालयातुरालयव्ययस्य तौलनिकपद्धत्या कृतेन पर्यालोचनेन सुस्पष्टं सिध्यति, यत् रोगिणमेकमुद्दिश्य देशीयौषधालये चतस्रः कला (4 pies) आरभ्य नवकला (9 pies) पर्यन्तं व्ययो दृश्यते । पाश्चात्यचिकित्साव्ययस्तु अष्टकला (8 pies) आरभ्य द्विकलाधिकाणकत्रयं (3 annas 2 pies) विद्यते । पुण्यपत्तनीयम्युनिसिपालिटीसंस्थासंप्रवर्तितौषधालयानुद्दिश्याहमेतत् साधिकारं ब्रवीमि ।

९. आयुर्वेदस्य हानिः कथं संजाता तदभ्युदयार्थं च के के उपायाः समवलंबनीया इत्येतद्विषये न कोऽपि विवादः । पूर्वतनैः सभापतिभिरस्य विवेचनं कृतचरमेव ।

१०. (अ) भरतनृपश्रेष्ठैः सामन्तचक्रैश्च आयुर्वेदोद्धारकार्यं स्वीकृतं चेत्तर्ह्येतत् भवतु—

(१) राजशासनसभासु आयुर्वेदीयवैद्यानां सभासदत्वेन स्वीकारो भवेत् ।

(२) लोकानां प्राणत्राणार्थं प्रतितालुकाग्रामं देशीयवैद्यपद्धतिमनुसृत्य औषधालयः प्रचलतु ।

(३) म्युनिसिपालिटी डिस्ट्रिक्टबोर्ड इत्यभिधानां स्थानिकसंस्थानां आयुर्वेदीयौषधालयविद्यालयादिकार्यार्थं जनताधनव्ययस्य यथारुचि स्वातन्त्र्यं भवतु ।

(४) आयुर्वेदीयातुरालयौषाधलयविद्यालयवनस्पत्युद्यानभेषजसंग्रहालयसंदिग्धौषधनिर्णयः। रसशालाग्रन्थसंग्रहालयेयादिनानाविधसंभारोपकल्पनं आयुर्वेदार्थं भवतु ।

(५) पाश्चात्यवैद्यनामसंग्रथनशासनजनितविघ्नानां दूरीकरणं भवतु ।

(६) विषोपविषादिदेशीयवस्तुसंपादने विद्यमानशासनजनितविघ्ना दूरतोपसार्यन्ताम् ।

(७) अमुद्रितायुर्वेदीयाप्रसिद्धग्रन्थानां संशोधनं मुद्रणं च भवेत् ।

(८) अस्वास्थ्यमुद्दिश्य भिषग्वरैः प्रदत्तो लेखो राजकार्यालयेषु सम्मानितो भवेत् ।

(९) क्रमिकशिक्षणपुस्तकेष्वायुर्वेदीयपाठानां समावेशो भवेत् ।

(आ) (१०) अधीतायुर्वेदानां भिषग्वराणां पाश्चात्यवैद्यशास्त्रनिष्णातानां च भेदबुध्या यथा राजकार्यालयेषु राजानुमोदितसंस्थासु विषमव्यवहारा न भवेयुस्तथा सर्वथा प्रयतितव्यम् ।

(इ) (११) लोकमतानुसारं कार्यार्थं म्युनिसिपलसंस्थायां लोकनियोजनसमये पाश्चात्यवैद्यशास्त्रनिष्णातानामिव वैद्यानामपि मताधिकारो भवेत् ।

(ई) विश्वविद्यालयसंस्थाश्चायुर्वेदं संमानयित्वा प्रदत्तपरीक्षाणां विद्यार्थिनां उपाधिवितरणं कुर्युः ।

आयुर्वेदीयग्रन्थान् संशोधनपूर्वकं संमुद्य अप्रसिद्धग्रन्थप्रकाशकायोपायनदानेनान्येन वाऽभ्युपायेनाऽनुग्रहं कुर्युश्च ।

(उ) आयुर्वेदाभिवृद्धिमभिवांछद्भिः पुरुषैरितरसंस्थाभिश्च यद्यत् शक्यं तत् सर्वं सर्वात्मना संसाधनीयम् ।

प्रश्नोत्तराण्यतीव संक्षेपतया प्रदत्तानीत्यहं जाने । अस्यां प्रश्नावल्यां द्वितीयप्रश्न एव विवादास्पदम् । तस्य विवरणं व्याख्यानं च स्वतन्त्रप्रबन्धरूपेण कर्तुमुचितम् । तथापि कलिकातासंमेलनसभापतिभिः सप्तवर्षात् प्राक्कृतमभिभाषणं मद्रासदेशीयवैद्यविमर्शकसमितिद्वितीयप्रश्नमुद्दिश्य

लिखितमिवावभासते । अतश्च मया तस्य निर्देशः कृतः । आयुर्वेदीयग्रन्थेषु प्रतिपादितानि पञ्च-महाभूतानि अपराणि च न्यायमीमांसादिग्रन्थेषु प्रतिपादितान्यन्यानि तत्त्वानि संमतानि न वा विवादार्थमुपपादितप्रमाणेषु प्रत्यक्षानुमानादिप्रमाणानि च संमतानि न वेत्यज्ञात्वा अस्य विवरणं निरर्थकम्। त्रिदोषसिद्धये च आगमप्रमाणं स्वीकार्यं । नोचेत् तत्तत्सिद्धिर्न भवतीति न केनापि प्रतिपाद्यते । आगम-प्रमाणमपहायापि तदितरप्रमाणैः तत्सिद्धिर्भवत्येवेत्यस्माभिः प्रतिपाद्यते । आयुर्वेदग्रन्थीयरसवीर्यविपाक-प्रभावाद्यौषधवर्णनपद्धतिरपि पाश्चात्यवैद्यशास्त्रविदुषामसंमताऽस्ति । तथापि पथ्यापथ्यविवेकदृष्ट्या लोकानां भिषग्वराणां चानुभवेन सा उपयुक्ततमेति सिद्धम् । अर्वाचीनरसतन्त्रानुसारेण हरीतक्यां (Tannic Acid) नामकः पदार्थ उपलभ्यते । तस्य धर्मश्च स्तंभकः । परं हरीतकी विरेचयतीति सर्वेषां सुप्रसिद्धोऽनुभवः । अत्र किं संमाननीयं रसतन्त्रं (Chemistry) आयुर्वेदानुभवो वा । कपर्दिका-शंखशुक्तिमौक्तिकभस्मनां गणना रसतन्त्रानुसारेण एकस्मिन् वर्गे क्रियते । आयुर्वेदग्रंथेषु तु प्रत्यौषधं सूक्ष्मसूक्ष्मतयाऽनुभवा वर्णिताः । एवं अनेकविधाः प्रश्नाः सन्ति । तेषामूहापोहः उद्घाटनं वा अल्पावसरे कर्तुं अशक्यम् । श्लेष्मकज्वरेण संक्रामकरोगेण पुण्यपत्तनं यदा समाक्रान्तमासीत्तदा पुण्यपत्तनीयैः भिषग्वरैः किमपि वेतनमगृहीत्वा आयुर्वेदीयातुरालयौ प्रचालितौ । तौ च लोकानां तथा विश्वासार्हौ आदरपात्रं च संजातौ यथा समीपवर्तिनं पाश्चात्यवैद्यकातुरालयमपहाय लोकाः आयुर्वेदायातुरालयं वरतरं मत्वावलम्बयामासुश्चिकित्सार्थम् ।

COCHIN.

(3) M.R.Ry. VASUDEVA NAMBEESAN Avargal.

श्रीमत्पूज्यगुरुपादेभ्यो नमः.

१. आयुर्वेदात्मकं विभागमधिकृत्य विवृणोमि.

२. (ए) अस्मच्छास्त्रे दोषपदवाच्यानां, वातपित्तश्लेष्मणां, तद्द्वारा धातुसंज्ञितानां, रस-रक्तमांसमेदोमज्जाऽस्थिरेतसां मलानां शकृन्मूत्रस्वेदादीनाञ्च वैषम्याद्दूष्याणि च, सर्वेषामपि रोग-जातानामुत्पत्तिरिति परमस्सिद्धान्तः ।

तर्हि दोषाणामिव धातूनां, मलानां वा रोगोत्पादनेनास्ति स्वतन्त्रा शक्तिः । तथापि, द्वितीयस्य धातो-श्शोणितस्य केषाञ्चिदामयानां उत्पादनं प्रति स्वतन्त्रा शक्तिरस्तीत्येव वाच्यं, अनुभवानुरोधात् । स च अनुभवो रक्तपित्त मद वातशोणितनेत्ररोगादावस्ति ।

शेषैर्धातुभिर्मलैर्वा येऽत्र केचिद्रोगा जायन्त इत्युच्यते तत्र तत्तद्धातुमलानाश्रित्याऽधिकं तेषां दुष्टि-मापाद्य च दोषा रोगानुत्पादयन्ति इत्येव तात्पर्यार्थः ।

वैषम्यशब्दस्य तु वृद्धिक्षययोस्समानत्वेऽपि बहुविधानां विचित्रतराणाञ्च व्याधीनामुत्पादनं प्रति वृद्धेरेव प्रायशो हेतुत्वदर्शनात् सैव विभज्यते—

(१) सञ्चयः, (२) प्रकोपः, (३) प्रसरः, (४) स्थानसंश्रयः, (५) व्याधिदर्शनं अथ वा व्यक्तिः, (६) दीर्घकालानुबन्धावदरणभिन्नो भेदः । इति तस्याष्षड् भेदाः ।

एते तूत्तरोत्तरकष्टाः पूर्वपूर्वापेक्षाहेतुकाः षट्क्रियाकालाश्च ; एषु चतुर्थे भेदे, रोगज्ञानहेतुपञ्चकान्त-र्गतस्य, प्राग्रूपस्योत्पत्तिर्भवति, ततःपरं रोगोत्पत्तिर्जायते, स एव व्यक्तिर्नाम भेदः ।

एवंविधस्य दोषवैषम्यस्य, नानाविधानां हेतूनां विवरणे क्रियमाणेऽतिमात्रविस्तरस्याऽपरिहार्यत्वा-त्तान्सामान्यतस्समासतश्च विवरिष्ये ॥

कालार्थकर्मणां हीनमिथ्याऽतिमात्रका योगाः वातादितत्तद्दोषवर्द्धकास्तिक्तोषणादयोऽत्युपयुक्ता रसाः, तत्तत्समानगुणानि द्रव्यक्रियाजातानि च, सामान्यतस्समासतश्च वैषम्यजनकानि ॥

येकेचिद्बहुविधा असंख्येया व्याधय उत्पद्यन्ते, तत्र सर्वत्रापि दोषाणां तत्तद्रूक्षत्वादिस्वरूपलक्षणानां, तत्तद्वृद्धिक्षयचिह्नानां कार्श्यांगसादादीनां कुपिततत्तद्दोषकर्मणां स्रंसादीनाञ्च यथास्वं यथावस्थञ्चाविनाभावित्वात् । तत्तद्दोषविपरीतगुणानामौषधान्नविहाराणामुपसेवनेन रोगोपशमस्य प्रत्यक्षसिद्धत्वाच्च दोषा एव रोगकारणानीति निर्णीयन्ते ।

" कारणनाशात्कार्यनाशः " इति नैयायिकसिद्धान्तस्सर्वेषामपि ग्रन्थकाराणामैकमत्यञ्चैतत्तु दृढमुपोद्बलयति च ॥

दोषादीनां क्षये तत्तत्क्षयचिह्नत्वेनोक्तान्यंगसादादीनि, तदाप्रतिक्रियाऽभावे दोषान्तरं वा संभवन्ति । तदन्तरा वृद्धाविव तत्तदवस्थाविशेषाः, ज्वराद्या व्याधयो वा न संभवन्ति ॥

सर्वदापि देहमभितस्सरतां रसादीनां मार्गवैगुण्येन यदि गतिः संरुध्यते, तर्हि तत्तद्देहावयवैकदेशेष्वपि बहुविधा विकारा जायन्ते ॥

नवीनपाश्चात्यशास्त्रानुसारिभिस्तदीयशास्त्रज्ञानान्वेषणप्रमाणमनुसृत्य सुनिरूप्यमाणानां अप्यस्मच्छास्त्रीयवादानां, तत्सिद्धान्तानां वा नैव कापि क्षतिस्संभविता सुप्रतिष्ठा संभाविता च । तर्हि नवीनैः प्रत्यक्षस्यैव प्रमाणत्वमंगीक्रियते, पुरातनैरस्मच्छास्त्रकारैः अनुमानादीनामपि तथात्वं स्वीकृतमास्ते, तथाप्यस्मिन्नायुर्वेदेत्वनुमानस्यैव मुख्यतया प्रमाणत्वमत्यन्तापेक्षितत्वाद्दूरीकृतमस्ति ॥

तथाहि अप्रत्यक्षो वायुरिति कश्चन पदार्थो रूक्षत्वचलनादिभिर्लिंगैः अनुमीयते । तदाश्रित एव सर्वोऽपि कायिकश्चलनात्मको व्यापारः । देहे विद्यमानानां सर्वेषामपि वस्तूनामेकतोन्यत्र गमनमप्येतत्सहकृतमेव । एतत्सहकरणाभावे सर्वाण्यपि वस्तूनि निश्चलान्येकत्रैवावतिष्ठेरन् ॥

एवंविधस्य वायोरप्रत्यक्षत्वान्नवीनैरस्याधारभूतः प्रत्यक्षवेद्यश्च स्नायु "nerves" रेव तत्स्थाने व्यवह्रियते ॥ स्नायुशक्तिः "nerves force" इत्याधुनिकव्यवहारेण या विषयीक्रियते स एवायं वायुः ॥

अस्यैव सकलजगत्सृष्टिस्थितिलयहेतुत्वं ; एवमन्येषामप्यस्मच्छास्त्रप्रतिपादितानां पदार्थानां स्वरूपं नवीनशास्त्ररीत्या सुकुशलैस्सुविचार्यम् ॥

अपि च चराचरात्मकस्यास्य सर्वस्यापि जगतः पञ्चभूतैरेवोत्पत्तिरिति सर्वेषां सिद्धान्तः ॥

तदन्तर्गतवाय्वग्निजलान्येवात्र, वात पित्त श्लेष्मपदैः व्यवह्रियन्ते । शेषयोराकाशस्तु वायुत्वेनांगीकृत आस्ते॥ पृथिव्यास्त्वत्यन्तस्थूलत्वात्तज्जन्यस्य देहांशस्य वाय्वादिजन्यांशस्येव सव विकृतिर्जायते॥

कारणीभूतवाय्वाद्यंशविकृत्या तु कार्यभूतदेहस्य विकृतिर्नाश एव वा संभवति ॥

कार्याणां कारणानुसृतोत्पत्तिविनाशशालित्वात्, कारणवैचित्र्यप्रयुक्तादानंत्यात्, कार्यभूतानां रोगाणां स्वरूपहेत्वादिविवरणपूर्वकं संख्यायाः इयत्तया परिगणितुमशक्यत्वात्, तथा क्रियमाणे तु, कदापि शास्त्रस्य परिपूर्तेरसंभाव्यत्वात् च, अस्मच्छास्त्रे क्लृप्तानां केषाञ्चिज्ज्वरादीनां व्याधीनां निदानादिकं वर्णयित्वा, समानां, वृद्धानां, क्षीणानां, उन्मार्गगामिनां पुनश्च विचित्रामवस्थामुपगतानां च रोगकारणीभूतानां दोषादीनां बहुविधलक्षणरूपादिवर्णनेन सकलरोगपरीक्षणोपायः प्रदर्शित आस्ते शास्त्रेऽस्माकम् ॥

नवीनैस्तु तत्तत्कालजायमानानां बहुरूपाणां रोगाणां तदा तदा निदानादिकं निरूप्यते ॥ एष उपक्रम एवाधुनिकानां शास्त्रस्यापरिपूर्णताया हेतुः ॥ एवंविधस्योपक्रमस्य यावत् स्थितिः तावच्छास्त्रस्यापरिपूर्णता च स्थास्यति ॥

पुनर्नवीनैस्सर्वेऽपि रोगा विचित्रतरैर्नानारूपैः कैश्चित् क्रिमिभिर्जायन्त इति विचार्यते, तत्राप्यस्मच्छास्त्रानुसारिण्युपपत्तिरस्ति ॥ किञ्च कुथित विकृतात्मसु बाह्यवस्तुषु यथा बहुरूपाः क्रिमयो जायन्ते तद्वन्मूर्तेष्वान्तरेष्वपि पित्तकफरसरक्तादिवस्तुषु विकृत्युत्तरकाल एव बहुरूपाः क्रिमयो जायन्ते ; तेषां विकृतिमन्तरा व्याधयो नैव संभवन्ति ॥ तस्मात्सर्वेषामप्यामयानां उत्पत्तिसमकालमेव क्रिमयश्चोत्पद्यन्त इत्यायातम् ॥

तेषां प्रात्यक्षिकत्वात्, दोषादिविकृतेरनुमेयत्वाच्च प्रत्यक्षातिरिक्तप्रमाणमनंगीकुर्वद्भिर्नवीनैः तादृशानां क्रिमीणामेव रोगकारणत्वमंगीक्रियते । न तु विकृतदोषादीनां, इत्युभयोरपि मतयोस्तत्वतो भेदाभावेऽपि व्यावहारिको भेदो विद्यते ॥ एष तु शास्त्रमालिन्यहेतुनैव संभवति ॥

(बि) तत्तद्रोगाणां निश्चयात्मकज्ञानजनकत्वेन व्याधिनिश्चयकरणात्मकेन निदानशब्देन, निदानं प्राग्रूपं लक्षणं उपशयः आप्तिः इत्येते पञ्च पदार्था बोध्यन्ते । एतद्विभागान्तर्भूतो निदानशब्दः केवलं रोगहेतुवाचकः । तस्मात्सामान्यविशेषवाची निदानशब्द इत्यायातम् । एते पञ्च निदानादयः उत्तरोत्तरं पूर्वपूर्वजन्यशंकां निवर्त्य रोगविशेषनिर्णयं प्रत्युपकुर्वन्तीत्यतः पृथगेकैकव्याधिपरीक्षायामपि प्रत्येकमुपयुक्ता भवन्ति; तद्यथा—एकस्यैव निदानस्यानेकव्याधिजनकत्वं दृष्टम् । तस्मात्तद्विशेषनिर्णये पूर्वरूपमपेक्षन्ते । अपि च केषाञ्चिद्रोगविशेषाणां पूर्वरूपेष्वेव "ज्वरपूर्वरूपे सर्पिष्पानं" इत्यादिग्रन्थेन चिकित्सा विधीयते । तादृशस्थलेषु पूर्वरूपापेक्षा दुष्परिहरैव । तत्तद्रोगाणां तत्तद्विशेषावगमस्य चिकित्साविषये अत्यन्तोपयुक्ततमत्वात् । तस्य च स्वरूपलक्षणज्ञानमन्तरा संभवाच्च स्वरूपलक्षणात्मकं लक्षणमपि सर्वत्रात्यन्तापेक्षितं भवति । एवंविधस्य लक्षणस्यास्फुटत्वाद्वैकल्याद्कारणान्तराद्वा यदि रोगविशेषो न सम्यक् ज्ञायते, तादृशस्थलेषु रोगपरीक्षायां उपशयापेक्षा सहकरोति ॥

इत्येतैश्चतुर्भिरप्युपायैः सुपरीक्षितेष्वप्यामयेषु तत्तद्दोषविशेषाणां तत्तदंशानां स्वतन्त्रपरतन्त्रविभागस्य बलकालविशेषाणाञ्चावगममन्तरा औषधादीन् तन्मात्रादिकांश्च विकल्प्याकल्पयितुमशक्यत्वात्संप्राप्तिरप्यत्यन्तोपयुक्ता भवति ॥

निदानविभागान्तर्भूतानां निदानादीनां स्वरूपज्ञानार्थं तेषां स्वरूपाणि संक्षेपतो विवरिष्ये—

(१) निदानं—पूर्वं (ए) विभागस्योत्तरे दोषवैषम्यहेतुत्वेनोक्ताः, कालादीनां मिथ्यादियोगाः, तिक्तोषणादीनां तत्तद्दोषवर्द्धकानां रसानामतिशीलनं, व्यायामादीनां कर्मणामतिसेवनं, विशेषतस्सन्निपाते संकीर्णादीनि भक्षणानि, अलसकविषूचिकादिष्वामदोषमुख्यहेतुकेषु रोगेषु अत्यशन मलिनाशनाद्याः, राजयक्ष्मणस्साहसाद्याः, मदात्ययस्य मद्यपानं, प्रमेहस्य पिच्छिलगुर्वाद्याः, मूत्रमेदःकफकरा आहाराः एकासनस्थानादिकाश्च । बाह्यकारणजन्यानां आगन्तुसंज्ञितानां ज्वरादीनां अभिघातप्रभृतयः, केषाञ्चिद्रक्तपित्तादीनां व्याधीनां ज्वराद्याः, इत्येतेन्ये चैतत्सधर्माणस्सर्वेपि निदानशब्दवाच्याः ॥

एवंविधैर्नानारूपैः कारणैः अविकृतौ देहस्य स्वास्थ्यापादनेनानुग्रहं कुर्वाणा दोषा विचित्ररूपां विकृतिमासाद्य विषमाः भूत्वा तत्तत्स्थानेषु सञ्चयात्मकं प्रथमं चिकित्साकालमुपगम्य पुनः प्रकोपाख्यं द्वितीयमपि क्रियाकालं गत्वा च परेषां दोषाणां धामान्यपि प्राप्य तिर्यग्गत्वाऽन्योन्यमावृत्य वा विविधानि दुःखानि पीडाविशेषांश्च जनयन्ति । एवंविधा एव दोषाः प्रतिनियतस्थानान्युपगम्य रसायनीभिस्तद्दुःखसंयोगस्वरूपानुत्पादयन्ति पृथक्विधानामयात् ।

(२) प्राग्रूपं—एतत्तु भाविज्वरादिज्ञापकं चिह्नम् । तच्च सामान्यविशिष्टभेदाद्विविधम्, तत्र सामान्यं भाविज्वरादिसामान्यख्यापकम् । अन्यत्तु भाविवातादिजन्यत्वविशिष्टज्वरादिबोधकम् । अस्योत्पत्तिस्तु स्थानसंश्रयाख्ये चतुर्थक्रियाकाले संभवति । तस्मात् प्राग्रूपेषु विधीयमानास्सर्वेऽपि चिकित्साक्रमाश्चतुर्थकालयोग्या इति सुस्पष्टमासीत् ।

किञ्चतत्कालोत्पत्तिकेष्वलसकविषूचिकाद्येष्वामयेषु, रोगोत्पत्त्युत्तरकालोत्पत्तिकदोषवैषम्येष्वागन्तुकव्याधिषु च प्राग्रूपदर्शनं न संभवतीत्युक्तप्रायश्च ॥

प्रतिरोगं पूर्वरूपाणां यदि विवृतिः क्रियेत, तर्हि दुस्सहविस्तरस्यापरिहार्यत्वात्केवलमेकस्य तस्य विवरणेन विशिष्य प्रयोजनाभावाच्च पूर्वरूपस्वरूपज्ञानजनकं किमपि पद्यमत्रोन्नीयते—"स्थानसंश्रयिणः क्रुद्धाः भाविव्याधिप्रबोधकाः । दोषाः कुर्वन्ति यल्लिंगं पूर्वरूपं तदुच्यते ॥" अथवा अविद्यमानस्य व्याधेर्लिंगमित्येवास्तु, सर्वथा तत्तद्रोगोत्पत्तेः पूर्वं लक्ष्यमाणान्यालस्यादीन्येव पूर्वरूपपदवाच्यानीत्यायातम् ॥

(३) रूपम्—एतद्विविच्य ज्वरादीनां तत्तद्रोगाणां ज्ञापकं लिंगम् । तत् तत्तज्ज्वरादीनां क्लृप्तानां रोगाणां निदानकथनप्रस्तावे सुस्फुटं वर्ण्यते यतः, ततो व्यर्थतया नात्र तत् विवृणोमि. तर्हि प्राग्रूपवदेतदपि द्विधा विभजनीयं सामान्यविशिष्टभेदेन तत्फलमपि तद्वदेव ॥

कुपितदोषाणां गतिवैचित्र्यात् केवलं दोषादीनां वृद्धिक्षयाभ्याञ्च क्लृप्तेभ्यो ज्वरादिभ्योऽन्ये बहुविधाः पीडाविशेषाः संभवन्ति । तानपि सकलांस्तत्तद्दोषकोपवृद्धिक्षयेषूक्तैर्लिंगकर्मभिस्सुपरीक्ष्यावगम्य विवेचयेत् ॥

(४) उपशयः—एष सुखानुबन्धहेतुरौषधान्नविहाराणां उपयोगः । एते त्वौषधादयष्षोढा विभजनीयाः—(१) हेतुविपरीताः, (२) व्याधिविपरीताः, (३) उभयविपरीताः, (४) हेतुविपरीतार्थकारिणः, (५) व्याधिविपरीतार्थकारिणः, (६) उभयविपरीतार्थकारिणः । इति ॥

अत्र हेतुपदेन रोगान्प्रति स्वातन्त्र्येण हेतवो दोषाः, रक्तं, तद्द्वारा कारणतां गच्छन्तश्शेषा धातवो मलाः, दोषादिवृद्धिक्षयकोपजनकानि रूक्ष्यत्वादिगुणविशिष्टद्रव्याणि, कालादिमिथ्यादियोगाः, तत्तुल्यगुणान्यन्यानि च ग्राह्याणि ॥

तत्र हेतुविपरीताः शैत्यगुरुत्वादिगुणवद्द्रव्योपयोगेन, अत्यशनादिना चोत्पन्नेष्वलसादिष्वौष्ण्यलघुत्वादिगुणवन्नागरादीन्यनशनादीनि च वातोत्थरोगेषु पट्वादिरसाः, गुरुत्वादिगुणवन्ति द्रव्याणि, तत्तुल्यफलकानि चान्यानि । पित्तोत्थरोगेषु तिक्तोषणादयो रसाः किञ्चिद्रौक्ष्यादिगुणविशिष्टानि द्रव्याणि तत्समानफलकान्यन्यानि । कफजेषु व्यायामादयः कर्मविशेषाः । कट्वादिरसत्रितयवन्ति रूक्षत्वादिगुणयुक्तानि द्रव्याणि च । रक्तजे पित्तजे ष्विव रसाद्याः । इत्यादयो हेतुविपरीताः ।

नियमेन ज्वराद्याः केचिद्रोगाः, केचिच्च दोषाः कारणमपेक्ष्यान्ये च केचन रोगा आमसंबद्धास्संभवन्ति । तादृशस्थलेष्वामस्यापि हेतुत्वं कल्पनीयम् । तस्मात्तद्योग्यानि लंघनादीनि पाचनीयदीपनीयान्यौषधकालादीनि च हेतुविपरीतान्तर्भूतान्येव ।

आमः—एष तु पित्तजन्यस्य देहोष्मणो हीनबलतया प्रदुष्ट आद्यो रसधातुरेव । अमुमेवान्ये केचिद्दोषाणामतिमात्रं प्रदुष्टानामन्योन्यसम्मर्दात्संजायमानं पदार्थविशेषमाचक्षन्ते ।

उत्पत्तिप्रकारे विवादग्रस्तेऽपि स्रोतोरोधादिलक्षणविशेषदर्शनेन विनातीवोपशयस्यानुभवसाक्षिकत्वाच्च कोऽपि पदार्थविशेषस्संजायत इति निर्विवादमेव ।

तत्संपृक्ता दुष्टा दोषाः, दूष्याः, तथाविधदोषदूष्यसमुत्था रोगाश्च सामा इति शास्त्रे व्यवह्रियन्ते ।

एषान्तु हेतुविपरीतानां तत्तद्रोगविनाशने नास्ति स्वतन्त्रा शक्तिः । किन्तु हेतुविनाशनद्वारा तत्तत्कार्यभूतरोगोच्छेदने शक्तिरस्ति ।

अथ व्याधिविपरीताः । ज्वरे मुस्तपर्पटकादिकाः, अतिसारे पाठाद्याः, विषे शिरीषाद्याः, कुष्ठे खदिराद्याः, मेहे हरिद्राद्याः ; इत्येतेऽन्येऽप्येवंविधाः व्याधिविपरीताः । एतैः खलुप्रयुक्तैः कार्यरूपो व्याधिर्नश्यत्येव । कारणनाशमन्तरा कार्यनाशानुदयादप्रत्यनकित्वेऽप्येतेषां प्रभावात् कारणविनाशकत्वमनुमीयते ।

उभयविपरीताः—एतेषां वितरणे क्रियमाणे मुख्यतया वक्तव्या वातजश्वयथ्वादौ दशमूलकाद्या एव । दशमूलन्तु वातस्य, श्वयथुसामान्यस्य च विनाशकं भवति । इत्थमन्येऽप्येवंविधा बहवस्सन्ति ।

गुणैरप्रत्यनीकत्वेऽपि प्रत्यनीकार्थकारिणो ये औषधाद्याः ते विपरीतार्थकारिवर्गेऽन्तर्भवन्ति ।

तत्र हेतुविपरीतार्थकारिणः । पित्तोत्थे पच्यमाने श्वयथ्वा उष्ण उपनाहः । तत्रैव विदाह्यन्नम् । विहारो वातोन्मादे त्रासनमित्याद्याः ।

अथ व्याधिविपरीतार्थकारिणः—वमने विबद्धे प्रवर्तमाने वमनकारका मदनाद्याः । तथा तदृशेऽतिसारे तत्कराः पथ्याद्याश्च, इत्याद्याः ।

हेतुव्याधिविपरीतार्थकारिणः—व्यत्रौषधमग्निप्लुष्ट उष्णोऽगुर्वादिलेपः । विषे, विषान्तरं, अन्नं, मद्यपानोत्थे मदात्यये, मद्यपानं, विहारः, व्यायामजनितसम्मूढवाते, जलप्रतरणात्मको व्यायामः । इत्याद्या यथायथं विमृश्य विभावनीयाः ।

(९) सम्प्राप्तिः—तैस्तैः प्रदूषकैरेवं दुष्टेनैवमेवं प्रकुपितेन पुनस्तत्तद्रोगाधिष्ठानगामीनी रसायनीरनुप्रविश्यैवं विसर्पतान्यान्यं रोगाधिष्ठानं गतेन च दोषेण, दोषाभ्यां, दोषैर्वा या रोगाणां निर्वृत्तिस्सैषा सम्प्राप्तिपदवाच्या । एषा खलु सप्तविधा रोगहेतुभूता दोषस्थितिः पुनः प्रत्येकं शोणितसंबन्धाच्चतुर्दशधा भवति केवलं रक्तञ्चेति पञ्चदशधा ।

सा तु सम्प्राप्तिः, संख्या विकल्पप्राधान्याप्राधान्यबलाबलकालविशेषतो विभिद्यते । तत्र संख्या, पृथक्दोषसंसर्गसान्निपातिकागन्तुभेदादष्टौ ज्वरा इत्यादि स्थलषु स्पष्टाः एकस्मिन्नेव रोगे सन्निपतितानां दोषाणामंशांशकल्पना विकल्पः । ये पुना रोगास्सुस्पष्टलक्षणा यथास्वजन्मोपशयाश्च ते तु स्वतन्त्रापरपर्यायाः प्रधानाः । अतो विपरीताः परतन्त्रापरपर्याया अप्रधानाश्च, अत्र परतन्त्राः प्रायेण स्वतन्त्रचिकित्सयोपशममुपयान्ति च । इदमत्रावबोध्यं, दोषाणामप्येवं रोगद्वैविध्यमस्ति, हेत्वादीनां सम्पत्तिवैरल्याभ्यां क्रमात् बलमबलञ्च विद्यात् । नक्तंदिनभुक्तांशादिभिः कालविशेषोऽपि बोध्यः । इत्ययं सम्प्राप्तेः संक्षेपः ॥

इत्येतैः पञ्चभिः करणैः सुपरीक्षिताः, श्वेतरक्तत्वादीन् वर्तुलत्वदीर्घत्वादीनन्यांश्च चक्षुर्ग्राह्यान् दर्शनेन, काठिन्यमार्दवौष्ण्यशैत्यादीनपरानप्येवंविधान् भावान् स्पर्शनेन, विविधान् पीडाविशेषानितरांश्चैवंविधान् रोगिमात्रसंवेद्यान् प्रश्नेन चावबुध्य पुनस्स्वावहितं स्वमनीषया सुनिरूपिताश्च सर्वेपि व्याधयस्सविशेषं सुविज्ञाता भवन्ति ॥

अत्र दर्शनस्पर्शनपरीक्ष्येषु नाडीमूत्र शकृत् जिह्वा शब्द स्पश दृक् रूपाणीत्यष्टस्थानानि परं मुख्यतमानि ।

यथावत्सुपरीक्षितैरेतैरपि रोगाणां स्फुटतरं ज्ञानं स्यात् ॥

प्रश्नस्यास्य "युष्मच्छास्त्रसिद्धान्तितश्चिकित्साक्रमः कीदृशः" इति भागस्योत्तरत्वेन पूर्वं मया लिखितं कमप्युपन्यासमुपहर्तुमभिलषन्ननेन सह तस्य कश्चिदादर्शमपि प्रेषयामि स श्रीमद्भिस्तथात्वेनाङ्गीक्रियतां इति सप्रश्रयमभ्यर्थये भवतः ॥

शैत्यादिमद्धेतुकानां रोगाणां, औष्ण्यादि तत्प्रतिपन्थिगुणवतामुपयोगात्तत्कुपितदोषशमद्वारा शान्तिः । पुनः केवलं दोषमात्रमपेक्ष्यावस्थानुसारेण, संशोधन संशमन स्वस्वस्थानप्रापणादिना दोषेषु उपशमङ्गतेषु तज्जनितानां आमयानामुपशमः । अत्रेदं बोध्यम्—केवलवाते, वातपित्तसंसर्गे च बृंहणात्मकमेव संशमनं, न तु लंघनात्मकं। आमसमुत्थानामामनाशकेन लंघनादिना तन्नाशपूर्वकं विनाशः । प्रदुष्टमांसाद्युत्पन्नानामर्शोऽर्बुदग्रन्थिप्रभृतीनां शस्त्रक्षाराग्निभिः छेदन पाठन अपसारण पाचनादिना मांसादिनाशनेन, दोषविनाशनेन चोपशान्तिः । कफजानामपि केषाञ्चिच्छस्त्रादिभिः छेदनादिना कफनाशेन विध्वंसः । दोषादिवृद्धिक्षयजानां तत्तत्प्रतिकूलसमानानामौषधादीनामुपयोगात्साम्यापादनेन नाशः । शल्यहेतुकानां पुनरामयानां यथायथं शल्याहरणव्रणप्रतिक्रियाद्यैरुपशमः । भङ्गनिमित्तानान्तु यथास्वं स्थानानयनबन्धनादिभिर्विघाताः । आवृतदोषाद्युत्पन्नानां आवरकचिकित्सया मार्गसंशोधनादिना च, लब्धमार्गेषु हेतुभूतेषु दोषादिषु विनाशः, मानसिकानामुन्मादापस्मारादीनां विशेषतस्सान्त्वनाश्वासनहर्षणसात्विकगुणोत्पादनेन शान्तिः । रक्तजानान्तु रक्तसंशोधनमोक्षणस्तंभनप्रसादनादिना, तत्रापि दोषदुष्टेरविनाभावित्वाद्यथास्वं तत्तदुपक्रमेण च प्रध्वंसः। इत्येतेऽन्येपि बहवोऽस्मच्छास्त्रानुसारिचिकित्साक्रमजन्यास्सामान्या गुणाः ।

उक्तप्रकारेणोपक्रान्ताः प्रायशस्सर्वेऽप्यामयाः, यदि न गतप्रायायुषः कर्मवशाद्रोगिणः शान्ता एवानुभवगोचरास्संभवन्ति ।

(सि) अस्ति । तथा हि वातव्याधेः (Nervous disease) स्नेह स्वेद वस्तिप्रभृतयश्चिकित्साक्रमा अत्यन्तोपयुक्ता अश्वेवाद्भुतजनकफलप्रदायिनोऽन्यचिकित्साक्रमेष्वविद्यमानाश्च । केषु चिद्विशिष्टशिरोरुगादिषु मिलितधात्रीक्वाथाम्लतक्रतैलादिप्रयुक्तशिरःपरिषेकस्तथा शिरोवस्तिपिचुप्रमुखा - श्चिकित्साक्रमाश्च परं विशिष्टाः । परेषु चिकित्साक्रमेष्वविद्यमानाश्च, अग्निमान्द्याजीर्णादिजनितेषु ग्रहिणीदोष (Dyspepsia) प्रभृतिष्वामयेषु, आमपाचनवह्निदीपनस्थिरीकरणप्रयोजकाः कटुकतिक्तादिरसोपयोगसर्पिष्प्रयोगादिकाः नितरामद्भुतरूपाश्चिकित्साविशेषाश्शास्त्रेऽस्माकम् । उन्मादापस्मारादौ सर्पिष्पानवस्तिविरेचनाद्याश्च विशिष्टा एव । विषचिकित्साक्रमश्च परमुत्कर्षमावहत्यस्मच्छास्त्रस्य । लंघनसाध्यानां मेहादीनां चिकित्साक्रमश्चान्येभ्यो विशिष्ट एव । एवमन्येऽपि बहवः प्रतिपाद्या वर्तन्ते । विस्तरभयादेवं दिङ्मात्रं प्रदर्श्य विरमामः ।

३. (ए) उद्युक्तोऽस्मि ॥

(बि) नैव तृप्तिकराः—(१) एतत्खण्डप्रतिपादितविषयपरिपूर्तौ वित्तवैरल्यमेव प्रतिबन्धकम् ।

तत्परिहरणोपायस्तु, दरिद्राणामामयाविनां मूल्यं विनैवौषधं प्रदातुं कस्यापि क्लृप्तस्य वित्तस्य राजसकाशादवाप्तिरेव ।

(२) एतद्विभागोक्तविषयपरिपूर्तौ स्थानस्य यथाकथञ्चिद्योग्यत्वे सम्पादनीयेऽपि पिपठिषूणां दुर्विधताऽत्यन्तप्रतिबन्धिकैव । प्रायेणायुर्वेदाध्ययने दुर्विधानामेव प्रवृत्तिर्दृश्यते ॥ तस्मादेतद्विषयन्यूनतापरिहरणार्थं केषाञ्चित्क्लृप्तसंख्याकानां पिपठिषूणां जीवनवेतनम्, अध्यापकस्य वेतनं च राजसकाशादुपगन्तव्यम् ॥

(सि) नैवाभिप्रेतम् ।

न्यूनतापरिहरणोपायस्त्वित्थम् —

तत्रतत्र संस्थानपट्टणादौ यथावत्संस्कृतौषधादि समस्तोपकरणसंभरणपूर्वकं वैद्यशालानां संस्थापनम् । यथाधीतो वैद्यस्तत्कर्मसु सुप्रवीणो भवति तथाविधामधीतिं प्रदातुं योग्यैस्सकलैरप्युपकरणै-

स्सार्द्धं पूर्वोक्तवैद्यशालानिकट एव पाठशालानां संस्थापनं च सार्वभौमराजमुख्यैः अवश्यमेव कर्तव्यम्। अपि च—पिपठिषूणां केभ्यश्चन क्लृप्तसंख्याकेभ्यो दक्षतानुरोधेन प्रतिवर्षं किमपि पारितोषिकं प्रदेयञ्च ॥

४. (ए) अस्य विभागस्य १, २, ३ इत्येतेषु खण्डेषु विवृतानि कार्याण्यावश्यकान्येवेत्यस्माकमाशयः ॥

अस्मिन् संस्थानेऽन्यत्र वा एतामुत्तमावस्थामुपगतं संस्थापनमस्त्यथवाऽचिरात्संभविष्यतीति च वयं न विद्मः ।

(बि) (१) पूर्वं (ए) विभागस्य खण्डत्रितये प्रतिपादितैः कार्यैः सहित आदर्श एवान्ततः साधनीयः ॥

(२) आधुनिकवैद्यकैः प्रयुज्यमानश्चिकित्साक्रमो यथाधीतस्य सुकरस्स्यात् तथाविधामधीतिं प्रदातुं योग्यः पाठशालासंस्थापनात्मक एव तत्कालविधेय आदर्शः ॥

५. वयमनुसरामः ॥

अस्मिन् विषये कर्तव्यन्तु, तत्तदायुर्वेदांग्लशास्त्रोक्तानुसारेण, रोगोत्पत्तिहेतुः, रोगोत्पत्तिक्रमः, रोगविज्ञानविवेचनोपायः, चिकित्साक्रमः इत्येतेषां तत्त्वविषयकं ज्ञानं परस्परं आंग्लायुर्वेदचिकित्सकेषु सुस्थिरतया संक्रामणमेवेति वयमाशास्महे ।

६. वयमनुसरामः ॥

अभ्यसनीयविषयानुक्रमणिका—

(१) अष्टांगहृदयाख्यो ग्रन्थो मुख्यपाठ्यपुस्तकतया कार्यः ।

(२) तदन्तर्गतद्रव्यस्वरूपशस्त्रस्वरूपशस्त्रप्रयोगशरीरादिवर्णनोपयुक्ततत्तद्भागाभ्यसनावसरेषु, नवीनशास्त्ररीत्या सविस्तरं सुपरिष्कृतानि तत्तद्भागान्यांग्लवैद्यकेभ्योऽप्युन्नीयाऽभ्यसनीयानि ।

(३) उपग्रन्थतयाऽष्टांगसंग्रहः स्वीकार्यः ।

(४) अपि च, प्रसिद्धानामाधुनिकवैद्यजनैरुपयुज्यमानानां सिद्धानां च क्वाथादियोगानां कोऽपि संग्रहो हृदयेन धारयितव्यः ।

(५) किञ्च वमन विरेचन निरूहानुवासन नस्यादीनां प्रशस्ततमा प्रयोगपरिपाटी च प्रत्यक्षतः परिशीलनीया ।

(६) अनुग्रन्थतया कोऽपि द्रव्यगुणनिरूपणग्रन्थश्च नियम्यः ।

एतत्सर्वं वक्ष्यमाणप्रथमकक्ष्यासाध्यम् ।

द्वितीयायान्तु—

(१) अष्टांगसंग्रहाख्यो ग्रन्थः पाठ्यपुस्तकेषु मुख्यतया नियम्यः ।

(२) तदनु चरकसुश्रुतौ च ।

(३) तदा शारीरशास्त्रशस्त्रप्रयोगादौ पूर्वाधिकं विज्ञानं संपादनीयञ्च ।

तृतीयायां पुनः—

(१) चरकसुश्रुतौ पाठ्येषु मुख्यतया नियम्यौ ।

(२) वृन्दमाधवापरनामसिद्धयोगभैषज्यरत्नावलीशार्ङ्गधरसंहिताभिधाः ग्रन्थाश्च पाठ्यपुस्तकतया नियम्याः ।

(३) तदा सर्वेषामपिवैद्यशास्त्रीयतत्त्वानां, परमसिद्धान्तानाञ्च कोऽपि विशिष्टतमः स्वरूप-बोधः प्रसंगात्मिकयोपदेशपद्धत्या समुत्पादनीयः तद्योग्यग्रन्थविभागप्रदर्शनपूर्वकम् ।

(ए) अभ्यसनपद्धतिः त्रिधा विभजनीयेति वयमाशास्महे । तत्रादिमपद्धत्यां विजयं प्राप्तानां आयुर्वेदवैद्यः इति नामांकिता योग्यतापत्रिका प्रदेया । द्वितीयतृतीययोस्तु विजयं प्राप्तानां क्रमेण "आयुर्वेदविशारदः," "आयुर्वेदाचार्य" इति च नामभ्यामलङ्कृता योग्यतापत्रिका प्रदेया ।

(बि) गीर्वाणभाषायां प्रवीणो मुक्तावल्यन्तमधीततर्कशास्त्रश्च पुमांस्तत्रादिकक्ष्याप्रवेशार्हः इत्यस्माकमाशयः ।

पूर्वतनकक्ष्याभ्यासेनोपात्तयोग्यतापत्राणामेवोत्तरोत्तरकक्ष्याप्रवेशने योग्यता ।

प्रथमकक्ष्याभ्यसनकालो वर्षत्रितयात्मकः। समाद्वितयरूपो द्वितीयकक्ष्याभ्यासकालः। तृतीयकक्ष्याभ्यासकालस्तु एकहायनात्मकश्च ॥

(सि) पठनप्रकारन्तु संस्कृतभाषायामेव युक्तमित्यस्माकमाशयः ।

७. राजकीयाधिकृतमुखेन वैद्यानां स्वस्वनाममुद्रणमावश्यकमेव ।

तद्यधुनातनानां लब्धप्रतिष्ठानाञ्च भिषजामनेनोपक्रमेणापकर्षो मास्तु ।

कुतः । यदि तेषां परीक्षणं नियम्यते तर्ह्यपरिचितत्वात्तैर्यथावदुत्तरप्रदानं सुकरं न स्यात् ।

तत आदावेव तत्तद्दशपीरवृढमुखेन देशीयाधिकृतमुखेन च योग्यतामधिगम्य तादृशानां नाममुद्रणं विधातव्यम् ।

पुनः कक्ष्यासु विजयं प्राप्तानां योग्यतापत्रप्रदानावसरेषु नाममुद्रणं सुकरं स्याच्च ।

(ए) वैद्यानां नाममुद्रापणविषये कोऽपि संघो नियम्यः, तर्हि भिषग्भिरेव तत्संघाङ्गैर्भाव्यम् ॥

८. देशीयक्रमानुसारेण चिकित्सायां क्रियमाणायां द्रव्यव्ययोऽतीवलघुप तरो भवेत् ।

तत्रोपयुज्यमानानां औषधानां स्वदेशोत्पन्नत्वात् स्वदेशसंस्कृतत्वाच्चांग्लेयभेषजापेक्षया च मूल्यमतिलघु एव स्यात् । एष एव मुख्यो हेतुः ।

अपि च, आंग्लवैद्येभ्यो देशीयवैद्येभ्यश्चाधुना दीयमानस्य वेतनद्रव्यस्यापि सुमहानन्तरो विद्यते । एष चापरो हेतुः ।

किञ्चांग्लवैद्यानां चिकित्सायामुपयुक्ता अन्येऽपि पदार्थास्सर्वे विदेशीया एव । तस्मात्तेषां मूल्यमपि गुरुतरं भवति । अयमप्यन्यो हेतुः ।

९. राज्ञां राजकीयानां राजतुल्यानां अन्येषामपि स्वामिनां चिरकालारब्धोऽनादर एव हेतुरित्यस्माकमाशयः । अस्मिन्ननादरे तु कालस्यैव हेतुत्वं कल्पनीयम्। कालपरिवर्त्तने तु लोके विद्यमानानां सर्वेषामपि भावानां वृद्धिक्षयौ विचित्राववलोक्येते । यथा चन्द्रादीनां; तद्वत् कालशक्त्यायमायुर्वेद-चिकित्साक्रमोऽपि ।

पूर्वोक्तानादरद्वारा परिक्षीणतामुपगत इत्येवास्मदभिसन्धिः ।

इदानीन्त्वेतादृशोद्यमदर्शनेनास्यायुर्वेदचिकित्साक्रमस्योत्तमदशाप्राप्तिरचिरात्संभाविष्यतीत्याशास्महे ॥

पुनरुज्जीवनार्थं तेषामादरोत्पादनमेव कार्यमित्यस्मदभिसन्धिः ।

१०. (ए) (बि) (सि) (डि) इत्येतेषु खण्डेषु. प्रतिपादितानां सर्वेषामपि स्वस्ववित्तपुष्टिमनूसृत्य विद्यावेतनमन्तरा पिपठिषूणां प्रवेशनानुवादपूर्वकं पाठशालासंस्थापनं, मूल्यं विनामयाविभ्यो भैषज्यप्रदानानुमतिपूर्वकं वैद्यशालासंस्थापनं चेत्येष साध्यो देशीयवैद्यविद्याक्रमस्य पुनरुज्जीवनोपायः ॥

UNITED PROVINCES.

(4) Pandit SHIVARAM PANDE, ALLAHABAD.

श्रीगणेशाय नमः.

मद्रपुरदेशीयवैद्यविमर्शकसमितेः साक्ष्यप्रश्नानामुत्तरावली ।

१. आयुर्वेदः, यावनवैद्यम्, सिद्धवैद्यञ्च । एतेषु देशीयवैद्यतन्त्रेषु त्रयमप्यस्माकं संमतम्; किन्त्वायुर्वेदं विशेषतः समादृत्य वयं व्यवहर्त्तुमुद्युञ्जामहे ॥

२. (अ) अस्माकं वैद्यकतन्त्रमनुरुध्य व्याधेर्हेतुत्वेऽधोलिखिताः सिद्धान्ताः वातपित्तश्लेष्मणां वैषम्यात् रोगिणां शरीरावस्थादोषेण भोजन पान वस्त्रादिव्यवहार्यवस्तूनां दोषेण जलवाय्वादीनां दशाभेदेन, प्रभावान्तरेण वा समाजसङ्गजनितैरन्यैर्वानेककारणैर्व्याधयः सम्भवन्ति। तेषां यथार्थकारणस्य कारणानां वा सम्यग्विनिश्चयः चरकादीनामाचार्य्याणां लौकिकानुभविनां च निर्दिष्टरीत्या क्रियते । अस्माकं सिद्धान्ता नव्यशास्त्रसंप्रदायरीत्या एवं परीक्षणार्हा भवेयुः । सर्वेषां रोगाणां मूलभूतं शारीरं मानसिकं च दौर्बल्यम् । सन्निपातज्वरसङ्ग्रहणीजनपदध्वंसादिपुरातनानां नवीनानां वा प्लेगादिमहामारीरोगाणां पीडया ग्रस्ता दश रोगिण आयुर्वेदीयसद्वैद्यसमीपे चिकित्सार्थं प्रेषणीयाः । एतावन्त एवापरे रोगिणः पुनरन्येषां (अस्मन्मतमस्वीकुर्वताम्) भिषजां सकाशेच चिकित्सार्थं प्रेषणीयाः ये शीघ्रतरमेव रोगिणः स्वस्थान् कर्तुं शक्नुयुस्त एव परीक्षायां उत्तीर्णा मन्तव्या[1] इति ।

(आ) अस्मत्तन्त्ररीत्या रुग्विनिश्चयविषये चिकित्सायाञ्च त एव नियमाः पद्धतयश्च स्वीकृताः ये वेदानेव[2] मूलं स्वीकुर्वद्भिश्चरकाद्याचार्यैः स्वीयासु संहितासूपनिबद्धा। त एव आद्रियन्ते च यथासम्भवम्मुखश्रुत्यादीनां च विषवर्जं चिकित्सितमस्माभिः प्रामाण्येन गृहीतमस्ति । अस्मत्तन्त्रस्वीकृतेन चिकित्सितेन सामान्यतया सर्व एव रोगा निवार्य्यन्ते। तदुपपादकसंख्याश्च प्रतिशतं पञ्चसप्ततिरशीतिर्वा ।

(इ) देशीयतन्त्राण्यनुरुध्य प्रयुज्यमानं चिकित्सितं प्रायेण सर्वास्वेवावस्थासु तन्त्रान्तरीयचिकित्सितात् फलेनातिशेत इति वयं स्वीकुर्मः । आयुर्वेदीयचिकित्साशास्त्रतन्त्रान्तरीयचिकित्साशास्त्रयोश्च तुलनायां विदुषामिदं झटित्येव स्फुटीभविष्यति, यत् यथा पशुपक्षिणां मांसानां गोमाहिषघोटकाजाद्यसंख्यातपशूनारभ्य मनुष्यपर्य्यन्तानां जीवधारिणां मूत्रादीनां च (न तु मूत्रपरीक्षायामेव)

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[1] तदेव युक्तं भेषज्यं यदारोग्याय कल्पते ।
स एव भिषजां श्रेष्ठो रोगेभ्यो यः प्रमोचयेत् ॥

[2] "ओषधयः समवदन्त सोमेन सह राज्ञा यस्मै कृणोति ब्राह्मणस्तं राजन् पालयामसि."
"यत्रौषधीः समग्मत राजानः समिताविव विप्रः स उच्यते भिषक् रक्षोहामिवचातनः" ॥

विषयेषु सन्तानोत्पत्तिप्रकरणेषु दुस्साध्यरोगाणामुत्पत्तिविचारनिवारणादिप्रक्रियासु च यादृक् विस्तारोऽस्माकं वैद्यकतन्त्रेषु वेदेषूपनिषत्सु च कृतः । न तादृगन्यत्र क्वाप्युपलभ्यते । एतद्वचनमुपबृंहयितुं चिकित्सिता रोगिणोऽस्माकमनुभवश्च यथासम्भवं प्रमाणमिति ।

३. (अ) वयं देशीयसरणीरनुसृत्य स्थापितायां कस्यामपि वैद्यशालायां वैद्यविद्यालये वा साक्षात्सम्बन्धं नावहामः ।

(आ) एतस्मिन् विषये विशेषज्ञानाभावान्न वयं किमपि निर्णेतुं समर्थाः ।

(इ) देशीयवैद्यकपद्धतीरनुसृत्य प्रजानां चिकित्सासाहाय्यविषये वैद्यकशास्त्रबोधनविषये च कुत्रचित् कानि साधनसौकर्य्याणि प्रकल्पितानीति वयं न जानीमः; तस्मात् प्रागस्मिन् विषये सम्मतिं दातुं वयमसमर्थाः ॥

४. (अ) देशीयवैद्यकतन्त्रेषु प्रशस्तं शिक्षणं दातुमत्रोक्ताः सर्वे एव विषया अस्माकं सम्मताः; किन्तु मद्रमण्डले मण्डलान्तरे वा स्थापितामादर्शभूतां संस्थां वयं न जानीमः ॥ न चेदं निर्णेतुं समर्थाः यत्केप्यचिरादेव प्रतिष्ठामधिगमिष्यन्तीति ।

(आ) अस्मिन्नपि विषये वयं किमपि न जानीमः ॥

५. परस्परं विषयौ विरुध्येते ।—कालिकाताविश्वविद्यालयनियमितया समित्याऽविष्कृतः सिद्धान्तोऽस्माभिर्न स्वीक्रियते ।

पदार्थविज्ञानशास्त्रम्, रसतन्त्रम्, जीवशास्त्रम्, शरीरव्यवच्छेदतन्त्रम्, शारीरक्रियातन्त्रम्, रोगनिदानम्, क्रिमिशास्त्रम्, शल्यतन्त्रमित्यादीनां पाठनक्रमः वैद्यकपाठक्रमेण योजनीय इति वयमभ्युपगच्छामः । किन्तु पूर्वनिर्दिष्टाः विषयाः साकल्येन पठितुं पाठयितुं वा सुसुकरसौलभ्येन निवर्त्तितुं योग्यं वा ।

देशीय वैद्यविद्याव्यसनशीलानां छात्राणां कृते निम्नलिखितः पाठप्रबन्धः कार्य इत्यस्मत्सम्मतम्—

(१) लघुत्रयी, (२) बृहत्त्रयी च.

(अ) परीक्षाव्यवस्था—उपाधिनां वितरणं च यथोचितं कल्पनीयम् ।

(आ) आवश्यक्यः प्रावेशिकयोग्यताः—लघुत्रयकिक्ष्यायां तु संस्कृतव्याकरणसाहित्ययोः सम्यगध्ययनम् । बृहत्त्रयीकक्ष्यायान्तु लघुत्रयीपरीक्षोत्तीर्णतेति । पाठनकालविधिस्तावत् सम्यग्बोधनाभ्यासाय च पञ्च वर्षाणि ।

६. अस्मत्समुद्दिष्टस्य शिक्षणक्रमस्योपयोगिनी भाषा देववाण्येव (संस्कृतम्) । पाठ्यग्रन्थाः देववाण्यामेव संस्कृतटीकयैव पाठयितव्या न तु देशभाषानुवादमात्रेणैव ॥

७. आयुर्वेदावलम्बिनामितरेषाञ्च देशीयचिकित्सकानां वैद्यपट्टिकानियमैर्बन्धनं रोगिणां हिताय न भविष्यतीत्यस्माकं मतम् ।

यतोऽस्मिन् देशे रोगिणो बहुसंख्याकाः, राज्यनियमबद्धाः चिकित्सका अल्पसंख्याकाः सन्ति । चिरपरम्पराप्राप्ता पद्धतिरेवैतद्देशोपयोगिनीत्यस्माकम्मतम् ।

अस्यां पद्धत्यां वैद्या व्युत्पन्नवैद्येभ्यो विद्यामधिगम्य चिकित्सायां प्रवर्तन्ते ।

विदेशीयभैषज्यमाचरद्भिः सर्वैर्मिलित्वा यावन्तो रोगिणो नीरुजाः क्रियन्ते तेभ्यः प्रायः शतगुणा रोगाभिभूता आयुर्वेदविद्भिरुपक्रियन्त इति यद्युच्येत तदा अतिशयोक्तिर्न भवेत् ।

रोगिणस्तेषामाप्ताश्च वैद्यान् सम्यक्परीक्ष्य प्रायो· निमन्त्रयन्ति । आधुनिकभैषज्यचारिणां डाक्टराणामपि रोगिणो म्रियन्त एव । यस्मात् "व्याधेस्तत्वपरिज्ञानं वेदनायाश्च निग्रहः । एतद्वैद्यस्य वैद्यत्वं न वैद्यः प्रभुरायुषः" । एतद्देशीयवैद्यतन्त्रानुयायिनां भिषजां वैद्यपट्टिकानियमैर्बन्धनेऽनावश्यके सति तेषु नियमेषु परिवर्तनापेक्षा नास्ति ।

मन्त्रिणां भिन्नसन्धाने भिषजां सान्निपातिके ।
कर्मणि व्यज्यते प्रज्ञा स्वस्थे को वा न पण्डितः ॥

८. पाश्चात्यवैद्यपद्धतीरनुरुध्य क्रियमाणा चिकित्सा बहुव्ययसाध्या, दरिद्राणां हितसाधने चासमर्था; यतो देशान्तरादागतानामौषधानां मूल्यं प्रापणव्ययश्च प्रभूतधनव्ययसाध्यः । किन्तु देशीय-वैद्यतन्त्रपद्धतीरनुरुध्य क्रियमाणा चिकित्सा सुकरा स्वल्पव्ययसाध्या विनैव धनव्ययेनापि साध्येत्यस्माकं मतम् ।

तथाहि पुनर्नवापामार्गेरण्डशङ्खपुष्पीमुचुकुन्दगुडूच्यः, साङ्गो निम्बः, ब्राह्म्यादयो वैदिका ओषधयः, बहुप्रकारकं जलं, अग्निः, मृत्तिका, फलतक्रादयः, जलौकसश्च विनैव व्ययेन सर्वत्रानायासेनैव लभ्यन्ते; विशेषतया कठिनेष्वपि रोगेषु व्यवह्रियन्ते लाभप्रदाश्च भवन्ति ।

पुनश्चोपवासः बृंहणं कर्षणं अतिरिक्तवस्तूनां पृथक्करणादयः उपायाः रोगशान्त्यै परमोपयोगिनः श्रूयन्ते दृश्यन्ते च वैदिकग्रन्थेषु निम्नलिखिता वाक्यावल्यः—

"असंख्याताः सहस्राणी ये रुद्रा अधिभूम्यां तेषामन्नमिषवः."

"अद्यतेऽत्ति च भूतानि तस्मादन्नं प्रचक्षते" इति मनुः.

अनभ्यासेन वेदानामाचारस्य च वर्जनात् ।
आलस्यादन्नदोषाच्च मृत्युर्विप्रान् जिघांसति ॥

येषां तात्पर्य्यमवधार्य एकेन द्वाभ्यां वाऽन्नाभ्यां निर्वाहः अल्पायासेनाल्पव्ययेनापि साध्यः, भोज्यानामन्नानां पर्य्यायेण परिवर्तनम्; यथा गोधूमादीनां स्थाने यवाक्षादीनां बहुव्यञ्जनानामनेकप्रकार-काणां चान्नादीनां रुग्जनकानां स्थाने सुपचानां सात्विकानामन्नानां व्यवहारसुलभः; तस्माच्छीघ्रमेव रोगेभ्यः मोक्ष उपलभ्यते । किञ्च विरेचनन्तु सर्वेषामेव रोगाणां निवारकं शरीरपुष्टयादीनाञ्च कारकं वैद्यतन्त्रेषु प्रसिद्धं यथोच्यते—

बुद्धेः प्रसादं बलमिन्द्रियाणां
धातुस्थिरत्वं बलमग्निदीप्तिम् ।
चिराच्च पाकं वयसः करोति
विरेचनं सम्यगुपास्यमानम् ॥

ज्ञानं तपोऽग्निराहारो सन्मनो वार्य्युपाञ्जनम् ।
वायुः कर्माकैकालौ च शुद्धेः कर्तॄणि देहिनाम् ॥

वाग्भटस्य प्रतिज्ञेयं नाजीर्णेन विना रुजः ।
सर्वे रोगा मलवशास्तस्माच्छोधनमाचरेत् ॥

विरेचनमत्र स्पष्टमेवातिरिक्तवस्तूनां शरीराद्दूरीकरणार्थे प्रयुक्तम् ।

न तु जुल्लाव इति प्रसिद्धं उदरामयदूरीकरणाय—

केवलं दधिदुग्धतक्रादीनामेव भोज्यरूपेण व्यवहारः कतिपयरोगान् समूलं हन्ति ।

तथाहि:—संग्रहणीरोगे दध्नां तक्राणां[1] वा, भोजनं, ज्वरादिषु केवलं दुग्धानामुपयोगः शीघ्रमेव लाभप्रदो भवतीति अस्मच्छास्त्राणां सिद्धान्तः । नैतादृशी चिकित्सा पाश्चात्यादितन्त्रेषूपलभ्यत इति निर्विवादः ।

९. देशीयवैद्यतन्त्राणामापतितस्यापचयस्य कारणान्येतानि, यत् साम्प्रतं भारतवासिनः पाश्चात्यविद्याप्रचारात्तदध्ययने तत्पराः, अत एव संस्कृतविद्यायां स्वधर्मेषु च शिथिलादरास्ततः पराङ्मुखाश्च ।

त एते यथार्थधर्मतश्च्युतास्तथा वैद्यतन्त्रानुशीलनविमुखाश्च सञ्जाताः । इदानीं संस्कृतविद्याभ्यासो नार्थसम्पादकः; वैदेशिकीभ्यो विद्याभ्यः पदम्मानश्च लभ्यते । यावदीदृशी व्यवस्था वर्तते तावदायुर्वेदस्य स्वधर्मस्य चोपेक्षारूपा रुग्दुःसाध्यैव । चिरकालमभिव्याप्य बहुप्रयत्नेन च निवारयितुं शक्या । तस्मादेतद्विषये सर्वैरेव सावधानतया व्यवहर्तव्यमिति ॥

१०. (अ) राजकीयैः पुरुषैरितरैरपि प्राचीनवैद्यकग्रन्थाः सादरं पठनीयाः; श्रद्धापूर्वकञ्च तेषु निर्दिष्टेषूपायेषु दृष्टिर्दातव्या; तेषाञ्चानुशीलनेन आयुर्वेदे श्रद्धोत्पत्स्यते ।

(आ) स्थानीयपरिषद्भिश्च राजकीयानां पुरुषाणां व्यवहारेषु साहाय्यं देयम् । स्वयञ्च वैद्यतन्त्रप्रचारे यथाशक्ति यतनीयम् ।

(इ) विश्वविद्यालयैश्च पाठ्यविषयेषु वैद्यकतन्त्रं नियोजनीयम् । तत्पाठप्रचारविषये च सोद्योगैर्वर्तितव्यमिति ॥

साक्ष्यप्रश्नानामुत्तरावलीयं यथाशक्ति प्रस्तुतीकृतास्माभिः । इदमन्तिममावश्यकञ्च निवेदनम्, यद्वयं वैद्यतन्त्रचिकित्साव्यापारेषु स्वतन्त्र[2]तयैव कार्यं निर्वर्तयितुमभिलषामः । न चाधिकारिवर्गाणामस्मिन् विषये कोऽपि हस्तनिक्षेपोऽस्माकमभिमत इति तत्रभवन्तो विदाङ्कुर्वन्तु ॥

BOMBAY.

(5) The Ahmedabad Vaidya Sabha, through Vaidya NARAYAN SHANKER DEVSHANKER, and others.

॥ श्री धन्वंतरये नमः ॥

देशीयवैद्यकोत्तेजनार्थं सत्वरमुद्यमाः कर्तव्या इति विषयं पर्य्यालोच्य मद्रपुरनिर्माणसभायां १९२१ शे वत्सरे फिब्रवरी मासस्य २१ दिवसे निर्णयमेकं निरवर्त्तयत् ॥ एतदर्थमेव १९२१ वत्सरे अक्टोम्बर मासस्य १७ दिवसे (तारिखे) प्रवृत्तं नं १३५१ पी. ऐ. प्रेस. इत्येतद्राजकीयशासनमनुसृत्य मद्रपुरेऽस्मिन् अनुष्ठीयमानानि देशीयवैद्यकतन्त्राण्यङ्गीकृत्य तेषामादरणविषये प्रमाणं निवेदयितुं काचन समितिः राजकीयैरस्ति नियमिता । समितेः सकाशान्मिलितानि साक्ष्यप्रश्नानि पर्य्यालोच्य तदुत्तराणि सादरं समितिसमक्षं निवेदयामः ॥

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[1] तक्रतत्परतया सुधान्धसः कुर्वते सुरभिसङ्ग्रहं सदा ।

[2] "सर्वं परवशं दुःखं सर्वमात्मवशं सुखम् ।
एतद्विद्यात्समासेन लक्षणं सुखदुःखयोः ॥

गौतमश्चापि—बाधनालक्षणं दुःखमिति । तदत्यन्तविमोक्षोऽपवर्ग इति ॥

समितेः सभासदः आयुर्वेदविशारदाः गृहीतव्याः । कथमिति चेत्, व्यवहारमयूखे चोक्तम्—धर्मशास्त्रार्थकुशलाः कुलीनाः सत्यवादिनः । समाः शत्रौ च मित्रे च नृपतेः स्युः सभासदः ॥ अपरञ्च—श्रुत्यध्ययनसंपन्नाः धर्मज्ञाः सत्यवादिनः । राज्ञा सभासदः कार्याः शत्रौ मित्रे च ये समाः ॥ एतादृशाः सभासदः सन्ति चेद्देशीयवैद्यकस्य लाभः स्यात् खलु । नो चेत् स्वप्नेऽपि लाभो न जायते । आयुर्वेदशास्त्रज्ञाश्चेत्परीक्षां दातुमपि शक्नुमः ॥ देशीयवैद्यकज्ञानमन्तरा तच्छास्त्रसंदर्भस्य ज्ञानं पाश्चिमात्यवैद्यकज्ञानिनां स्वप्नेऽपि न भवति । अतः खपुष्पवद्भवतां विचाराः । ज्ञायत एव भवतां साक्ष्यप्रश्नदर्शनेन वाचनेन च देशियवैद्यकस्य ज्ञानम् । यदा शास्त्रकारेण प्रमाणत्रयमङ्गीकृतं तदाऽप्तप्रमाणं दूरीकृत्य प्रमाणद्वयं स्वीक्रियते ॥ एतावन्न युक्तियुक्तम् । कथमिति चेत् । चरकाचार्येण विमानस्थानपञ्चमाध्याये चोक्तम्—"आप्ततश्चोपदेशेन प्रत्यक्षकरणेन च । अनुमानेन च व्याधीन् सम्यग्विद्याद्विचक्षणः" ॥ शास्त्रोक्तप्रमाणं परित्यज्य कथं स्यात् । भगवद्गीतायां चोक्तम्—"यः शास्त्रविधिमुत्सृज्य वर्तन्ते कामकारतः । न स सिद्धिमवाप्नोति न सुखं न परां गतिम् ॥ तस्माच्छास्त्रप्रमाणं ते कार्याकार्यव्यवस्थितौ । ज्ञात्वा शास्त्रविधानोक्तं कर्म कर्तुमिहार्हसि" ॥ आयुर्वेदशास्त्रज्ञानमन्तरा तच्छास्त्रप्रतिपादनं तद्योजना च कथ भवेत् । अत एव भवद्भिः साहसं क्रियत इति प्रतिभाति ॥

साक्ष्यप्रश्नोत्तराणि.

प्रथमप्रश्नस्योत्तरम् । आयुर्वेदशास्त्र मधिकृत्य (वनस्पतिशास्त्रं रसादिशास्त्रं च) विवेचनार्थं कटिबद्धा वयम् ॥

(अ) द्वितीयप्रश्नस्योत्तराणि ॥

॥ पञ्च महाभूताः ॥

ओं तस्माद्वा एतस्मादात्मन आकाशः संभूतः । आकाशाद्वायुः । वायोरग्निः । अग्नेरापः । अद्भ्यः पृथिवी । पृथिव्या औषधयः । औषधीभ्योऽन्नम् । अन्नाद्रेतः । रेतसः पुरुष इति सृष्टिः ॥ सृष्टौ द्रव्यगुणकर्मसामान्यविशेषसमवायाभावाः सप्त पदार्थाः । सप्तपदार्थेभ्यश्चोत्पत्तिर्विनाशश्च भवति । तेषु पञ्चभूतानां समवायिकारणम् । उक्तं च चरकाचार्येण सूत्रस्थानाध्याये (२९)—सर्वं द्रव्यं पाञ्चभौतिकमस्मिन्नेवार्थे तच्चेतनावदचेतनञ्च ॥ एतस्य निबंधस्य फलं चिकित्सा पुरुषस्य । पुरुषस्तु चतुर्विंशतितत्त्वजीवात्मसमवायः । सत्त्वं रजस्तमश्चेति गुणास्ते प्रकृतेः समाः । तस्य त्रिविधकार्यमाह । "जातानि सात्त्विकात्तस्मादिन्द्रियाणि सराजसात् । तानि श्रोत्रं त्वचो नेत्रं रसना नासिका तथा ॥ वाग्घस्तचरणोपस्थगुदान्येकादशं मनः । पञ्च बुद्धीन्द्रियाण्याहुः प्राक्तनानीतराणि च ॥ कर्मेन्द्रियाणि पञ्चैव कथयन्ति विपश्चितः" । बुद्धीन्द्रियाणि बुद्धेराश्रयत्वात् कर्मेन्द्रियाणि कर्माश्रयत्वात् सात्त्विकाहङ्काराज्जातत्वादिन्द्रियाणि प्रकाशलक्षणानि सत्त्वप्रकाशकत्वात् ॥ "मनोबुद्धीन्द्रियं विज्ञैः कर्मेन्द्रियमपि स्मृतम् । मनोऽधिष्ठितमेवेदमिन्द्रियं यत्प्रवर्तते" ॥ तत इन्द्रियाणां विषयानाह—"शब्दः स्पर्शश्च रूपंच रसो गन्धो ह्यनुक्रमात् । बुद्धीन्द्रियाणां विषयाः समाख्याता महर्षिभिः ॥ वाच्यं ग्राह्यञ्च गन्तव्यमानंदन्त्याज्यमेव चकर्मेन्द्रियाणां विषया ज्ञातव्या विषयो हृदः" ॥ हृदः मनसः । "तामसादप्यहङ्कारस्तन्मात्राणि सराजसात् । पञ्चात्मसत्त्वसम्बन्धात्तल्लिङ्गानि भवन्ति हि" ॥ शब्दतन्मात्रकं, स्पर्शतन्मात्रकं, रूपतन्मात्रकं, रसतन्मात्रकं, गन्धतन्मात्रमिति । तानितु तल्लिङ्गानि । मोहादिलिङ्गानि तानि । अद्भुतस्व भावानि बाह्येन्द्रियग्राह्याणि ॥ शब्दादीन्येव तन्मात्राणि तानि च योगिभिरेव ग्राह्याणि ॥ सा मात्रा यस्मिन् तत्तन्मात्रम् । "तन्मात्रेभ्यो वियद्वायुर्वह्निर्वारि वसुन्धरा ॥ एतानि पञ्च जायन्ते महाभूतानि तत्क्रमात्" ॥ एकोत्तरपरिवृद्ध्या वियदादयो जायन्त-इत्यर्थः । तद्यथा शब्दतन्मात्राच्छब्दगुणकं वियज्जायते । शब्दतन्मात्रसहितात्स्पर्शतन्मात्राच्छब्दगुणो वायुर्जायते । शब्दतन्मात्रस्पर्शतन्मात्रसहितात् रूपतन्मात्राच्छब्दस्पर्शरूपगुणो वह्नि-

जायते ॥ शब्दतन्मात्रस्पर्शतन्मात्ररूपतन्मात्रसहितादसतन्मात्राच्छब्दस्पर्शरूपरसगुणं वारि जायते । शब्दतन्मात्रस्पर्शतन्मात्ररूपतन्मात्ररसतन्मात्रसहिताद्गन्धतन्मात्राच्छब्दस्पर्शरूपरसगन्धगुणा वसुन्धरा जायते ॥ अथ महाभूतानां गुणानाह ॥ "शब्दः श्रोत्रेन्द्रियं वाऽपि छिद्राणि च विविक्तता । वियतः कथिता एते गुणा गुणविचारिभिः ॥" विविक्तता शरीराणां भावानां शिरास्नाय्वास्थिपेशीप्रभृतीनां जातिव्यक्तिभ्यां मिथः पृथक्त्वम् । स्पर्शस्त्वगिन्द्रियञ्चाऽपि लघुता स्पन्दनं तनोः । चेष्टा सर्वशरीरस्य वायोरेते गुणाः स्मृताः ॥ रूपं नेत्रेन्द्रियं पाकः सन्तापस्तीक्ष्णता तथा । वर्णो भ्राजिष्णुताऽमर्षः शौर्यं बुद्धेः गुणा अमी ॥ रूपं लावण्यम् । पाकः उदराग्निनाऽऽहारपाकः । सन्तापः औष्ण्यम् । तीक्ष्णता आशुकारिता । वर्णो गौरादिः । भ्राजिष्णुता दीप्तिः । अमर्षः क्रोधः ॥ रसो रसेन्द्रियं शैत्यं स्नेहश्च गुरुता तथा । सर्वद्रवसमूहश्च शुक्रं वारि गुणाः स्मृताः ॥ गन्धो घ्राणेन्द्रियं चापि काठिन्यं गौरवं तथा । वसुन्धरागुणा एते गदिता गुणवेदिभिः ॥ शब्दः स्पर्शश्च रूपञ्च रसो गन्धश्च तत्क्रमात् । तन्मात्राणां विशेषाः स्युः स्थूलभावमुपागताः ॥ अष्टप्रकृतयः ॥ प्रकृतेः कारणायोगान्मता प्रकृतिरेव सा । महत्तत्वादयः सप्त शक्तेर्विकृतयः स्मृताः ॥ प्रकृतिरेव कारणं न तु कस्य चित्कार्यमित्यर्थः । कार्याणि इन्द्रियाणां सर्वभूतानां कारणत्वान्महर्षिभिर्महत्तत्वादयः सप्त महानहङ्कारः पञ्च तन्मात्राणीति ॥ प्रकृतेर्विकृतयः कार्याणि । इन्द्रियाणां च भूतानां कारणत्वान्महर्षिभिः । महत्तत्वादयः सप्त प्रोक्ताः प्रकृतयोऽपि च ॥ दशेन्द्रियाणि चित्तञ्च महाभूतानि पञ्च च । एतानि सृष्टिं जानद्भिर्विकाराः षोडश स्मृताः ।

सप्त प्रकृतयः । एवं ज्ञानेन्द्रियाणि (५) कर्मेन्द्रियाणि (५) महाभूता (५) विषया (५) अन्तःकरणानि (५) एतैश्चतुर्विंशतिभिस्तत्त्वैः सिद्धे वपुर्गृहे ॥ पञ्चभूतात्मिका सृष्टिः ॥

कथमिति चेत् । मातुः रजसि, पितुः शुक्रे, लिङ्गशरीरे, गर्भाधानानन्तरं भक्ष्यभोज्यादिपदार्थरसेषु च पञ्चभूतानामधिष्ठानात् भूतशरीरं कथ्यते । आकाशः सर्वव्यापित्वान्न गण्यते । भूतषोडशात्मके शरीरे यावत्पर्यन्तं ज्वरादिरोगा न प्रविशन्ति तावत्पर्यन्तं स्वस्थः पुरुषः । यद्यपि देहधारिणः स्वाभाविकाः (क्षुत्पिपासादयः) रोगास्तु भवन्ति ॥ रोगाश्च नाम—"शरीरमनसोराबाधकरा रोगाः" । शरीरमनसोः आबाधकराः पीडाकराः रोगाः भवन्ति । मातापित्रोः शुक्रशोणितस्थभूतचतुष्टयशरीरे यदा व्याधयो जायन्ते तदा एतादृशगर्भस्वरूपे व्याधयो भवन्ति । तद्यथा—कुष्ठभगन्दरप्रमेहादयः । "कारणानुगं कार्यं भवति" इति नियमात् । समवायिकारणसदृशं कार्यं भवति । मातृरसस्थे स्वकीयरसस्थे च यदाऽव्यवस्था जायते तदाऽनाहशूलप्रभृतयो व्याधयो भवन्ति। पञ्चभूतशरीरे कथमव्यवस्थाप्रवृत्तिर्भवतीति चेत्तत्र कालर्तुप्रभृतयः कारणम् ॥ तद्यथा—शरद्ग्रीष्मवर्षासु यावत्प्रमाणं योग अपेक्षितस्तावत्प्रमाणे न्यूनाधिक्यमस्ति चेत् हितयोगः कथ्यते । उष्णयोगतायां शीतोपचारः । शीतयोगतायामुष्णोपचार इत्यनिष्टोत्पादको हेतुः मिथ्यायोगः कथ्यते ॥ एवं बुद्धीन्द्रियाणां विविधयोगात् शुक्रशोणितरसस्थमहाभूतद्वादशके यदाऽव्यवस्था जायते तदा रोग इत्युच्यते । अपर च, कालबुद्धीन्द्रियार्थानां यथोचितकार्यात् शरीरादिक्रिया यदा योग्यकार्यं क्रियते तदवस्था चाः स्वस्थ्य अरोगताः इति नाम ॥ चरकेणोक्तं सूत्रस्थानप्रथमाध्याये—कालबुद्धीन्द्रियार्थानां योगो मिथ्याः (१) न (२) चाति च (३) । द्वयाश्रयाणां व्याधीनां त्रिविधो हेतुसंग्रहः ॥ शरीरे सत्त्वसंज्ञं च व्याधीनामाश्रयो मतः । तथा सुखानां योगस्तु सुखानां कारणं समः ॥ भावमिश्रेणाप्युक्तम्—"समदोषस्समाग्निश्च समधातुमलक्रियः । प्रसन्नात्मेन्द्रियमनाः स्वस्थ इत्यभिधीयते" इति ॥ यावत्पर्यन्तं भूतपञ्चकशरीरेऽस्माकं विकाराः ज्वरादयो न प्रविशन्ति तावत्पर्यन्तं आरोग्य इति संज्ञा । यदा भूतपञ्चकस्वरूपे गुणे क्रियायां च परिवर्तनं भवति तदा पृथग्पृथग्व्याधयः प्रविशन्ति ॥ उक्तं चरकाचार्येण सूत्र-

स्थानाध्याये (२९)—एषामेव हि भावानां सम्पत्संजनयेन्नरम्। तेषामेव विपद्व्याधीन् विविधान् समुदीरयेत् ॥ अत्रोदाहरणम्—सम्यगसम्यक्काष्ठादिना कृतं च दृढं गृहं तथाऽपि काष्ठे कीटादिप्रवेशेन, अग्निदाहेन, वातप्राबल्येन वा यदा गृहपतनं स्यात्तदा गृहस्यानिष्टं जातमिति कथ्यते। पूर्वोक्तोदाहरणेन, सर्ववस्तुस्थितौ बोद्धव्यम् ॥ पूर्वोक्तश्रुतिप्रामाण्यात् भूतपञ्चकं जातम्। ओं तस्माद्वा एतस्मादात्मन आकाशः सम्भूत इत्यादि ॥ पञ्चभूतानां न्यूनाधिक्यमिश्रतया सृष्टौ सर्वपदार्थसंभवः। पार्थिवं शरीरम्। एतेनान्यतत्त्वानां शरीरे अंशो नास्तीति न। अन्यतत्त्वानामप्यंशो भवति। शरीरे पार्थिवांशांशस्य "अप्तेजोवाय्वा"दित्रयाणामधिष्ठानरूपत्वम्। अप्तेजोवाय्वादित्रयाणां समविषमस्थितियोगेन शरीरस्य स्वस्थताऽस्वस्थतयोः प्रधानत्वम् ॥ तद्यथा—यावत्पर्यन्तं अप्तत्त्वम्, तेजस्तत्त्वम्, वायुतत्त्वमिति तत्त्वत्रयाणां सुव्यवस्था जायते तावत्पर्यन्तं स्वस्थाः पुरुषा इति कथ्यन्ते। यदा तेष्व (तत्वेषु) व्यवस्थाप्रादुर्भावः स्यात्तदा रोगाः प्रविशन्ति। संदर्भस्त्वेवं तत्त्वत्रयस्य यावत्पर्यन्तं समस्थितित्वं तावत्पर्यन्तं शरीरस्य सुस्थितित्वात् "त्रिधातु"रिति कथ्यते। तथा च—यदा तत्वत्रयस्य विषमस्थितित्वं जायते तदा शरीरदूषयितृत्वात् त्त्वत्रयस्य दोष इति शब्द्यते (व्यवह्रियते)। एवं तत्त्वत्रयाणां विकृताऽविकृतस्थितित्वं सम्यग्ज्ञात्वा स्वास्थ्यरक्षणार्थं रोगपरिहारार्थं च महर्षिभिः ये ये नियमाः कथितास्ते ते यथायोग्यं पालनीया एव ॥ अप्तत्त्वं कफः, तेजस्तत्वेन (अग्नितत्त्वेन) पित्तम्, वायुतत्वेन वातः। एवंरीत्या वातपित्तकफाश्च दोषधातुरूपेण शरीरे तिष्ठन्ति। उक्तं च वाग्भटाचार्येण—वायुः पित्तं कफश्चेति त्रयो दोषाः समासतः। विकृताऽविकृता देहं घ्नन्ति ते वर्धयन्ति च ॥

॥ दोषाः ॥

(वायुः पित्तं कफश्च) ॥

॥ दोषनिरुक्तिः ॥

धातवश्च मलाश्चाऽपि दुष्यन्त्येभिर्यतस्ततः वातपित्तकफा एते त्रयो दोषा इति स्मृताः ॥ दोषा इत्यत्र दुष् वैकृत्ये इति दुष्धातोः दुष्यन्त्योभिरिति वाक्ये "अकर्तरि च कारके च संज्ञायामित्यनेन सूत्रेण करणेऽर्थे घञ् प्रत्ययः। दूषयन्तीति दोषाः। ते धातवोऽपि विद्वद्भिर्गदिता देहधारणात् (Nervous system, Blood system, Lymphatic system) इति पाश्चिमात्यवैद्यके धातुरूपेण संज्ञिताः। विसर्गादानविक्षेपैः सोमसूर्यानिला यथा। धारयन्ति जगद्देहं कफपित्तानिलास्तथेति। दधतीति धातवः। अत्र यथासंख्येनान्वयो बोद्धव्यः। विसर्गादानं वा तस्यैवम्। विक्षेपः शीतोष्णादीनां विविधप्रकारेण प्रेरणम् ॥ मलाश्च ते रसादीनां मलीनीकरणान्मताः। अत एव शार्ङ्गधराचार्येणोक्तम्। शरीरे दूषणाद्दोषा धातवो देहधारणात्। वातपित्तकफा ज्ञेया मलीनीकरणान्मलाः ॥ उक्तं च दोषत्रयविषये सुश्रुताचार्येणाऽपि सूत्रस्थानाध्याये (२१)—"वातपित्तश्लेष्माण एव देहसम्भवहेतवः। तैरेवाव्यापन्नैरधोमध्योर्द्ध्वसंनिविष्टैः शरीरमिदं धार्यतेऽगारमिव स्थूणाभिस्तिसृभिरतश्च त्रिस्थूणमित्याहुरेके। त एते च व्यापन्नाः प्रलयहेतवस्तदेभिरेव शोणितचतुर्थैः संभवस्थितिप्रलयेष्वप्यविरहितं शरीरं भवति। भवति चात्र। नर्ते देहः कफादस्ति न पित्तान्न च मारुतात्। शोणितादपि वा नित्यं देह एतैस्तु धार्यते ॥

शब्दार्थश्च ॥

वा गतिगन्धयोरिति धातुः। तप सन्तापे। श्लिष आलिङ्गने। एतेषां कृद्विहितैः प्रत्ययैर्वायुः पित्तं श्लेष्मेति च रूपाणि भवन्ति ॥

दोषस्थानानि ॥

दोषस्थानान्यत ऊर्ध्वं वक्ष्यामः । तत्र समासेन वातः श्रोणिगुदसंश्रयः श्रोणिगुदयोरुपर्यधो नाभेः पक्वाशयः । पक्वाशयमध्यं पित्तस्य । आमाशयः श्लेष्मणः ॥

अतः परं पञ्चधा विभज्यन्ते—प्राणोदानौ समानश्चापानो व्यान एव च । स्थानस्था मारुताः पञ्च यापयन्ति शरीरिणम् ॥ वायुस्थानानि—कण्ठे हृदि तथाधस्तात् कोष्ठेवह्नौर्मलाशये । सकलेऽपि शरीरेऽसौ क्रमेण पवनो वसेत् ॥ धातुरूपवायोस्स्वरूपं चरकाचार्येणोक्तम्—वायुस्तन्त्रयन्त्रधरः प्राणोदानसमानव्यानापानात्मा प्रवर्तकः चेष्टानामुच्चावचानाम् । नियन्ता प्रणेता च मनसः । सर्वेन्द्रियाणामुपयोगकरः । सर्वेन्द्रियार्थानामभिवोढा । सर्वशरीरधातुव्यूहकरः । संधानकरः शरीरस्य । प्रवर्तको वाचः । प्रकृतिः स्पर्शशब्दयोः । श्रोत्रस्पर्शनयोर्मूलम् । हर्षोत्साहयोर्योनिः । समीरणोऽग्नेर्दोषसंशोषणः, क्षेप्ता बहिर्मलानां, स्थूलाणुस्रोतसां भेत्ता, कर्ता गर्भाकृतीनां, आयुषोऽनुवृत्तिप्रत्ययभूतो भवत्यकुपितः ॥ चरके तस्य कार्याणि—रूक्षः शीतो लघुः सूक्ष्मश्चलोऽथ विशदः खरः । विपरीतैर्गुणैर्द्रव्यैर्मारुतः संप्रशाम्यति ॥ कुपितस्तु खलु शरीरे शरीरं नानाविधविकारैरुपतापयति । बलवर्णसुखायुषामुपघाताय भवति । मनो व्यावर्तयति । सर्वेन्द्रियाण्युपहन्ति । विनिहन्ति गर्भान् । विकृतिमापादयति । अतिकालं धारयति भयशोकमोहदैन्यातिप्रलापाञ्जनयति । प्राणांश्चापरुणद्धि ॥ चरकोक्तं वायुस्वरूपं पर्य्यालोच्य ज्ञायत एव । पाश्चिमात्यवैद्यैः यस्य (Nerve force) "नर्व फोर्स" इति कथ्यते ; तस्यायुर्वेदप्रणेत्रा "वायु" रिति कथ्यते । महर्षिभिर्यस्य वर्णनषट्चक्रं नाडीमण्डलमितिशब्देन कृतं तदेव पाश्चिमात्यग्रन्थेषु (Nervous system) "नर्वस सिस्टम्" इति शब्देन व्यवह्रियते । अभेदोदाहरणम्—यावत्पर्यन्तं विद्युद्वयजनस्य विद्युद्दीपस्य च प्रत्यक्षावलोकनं न स्यात्तावत्पर्यन्तं तत्कल्पनाऽपि न संभवति । एतेन सिद्धं ज्ञातं चापि मुनिभिश्च कृतं वातवर्णनं कल्पनामयं नास्तीति ज्ञात्वा प्रत्यक्षप्रमाणेन चक्षुरपि सत्यं मन्यते । यच्छक्त्या शरीरजीवनव्यापारो जायते तच्छक्त्या पाश्चिमात्यग्रन्थकारेभ्यः नर्व फोर्स इति ज्ञायत एव । एतत्सर्वं पूर्वापरं समालोच्य ज्ञायत एव महर्षिभिर्वातशब्देन यद्यत्कथितं तत्सर्वं यथार्थकथितमिति ।

॥ पित्तस्य स्वरूपम् ॥

पित्तमुष्णं द्रवं पीतं नीलं सत्त्वगुणोत्तरम् । सरं कटु लघु स्निग्धं तीक्ष्णमम्लं तु पाकतः ॥ पीतन्निरामम् । नीलं सामम् । एकमेवपित्तं वातवन्नामस्थानकर्म्मभेदैः पञ्चविधम् ॥

॥ पित्तस्य नामानि ॥

पाचकं रञ्जकं चाऽपि साधकालोचके तथा ।
भ्राजकश्चेति पित्तस्य नामानि स्थानभेदतः ॥

॥ पित्तस्य स्थानानि ॥

अग्न्याशये मलप्लीहहृदये लोचनद्वये । त्वचि सर्वशरीरेषु पित्तं निवसति क्रमात् ॥ अत्र जिज्ञासा किं पित्तव्यतिरेकादन्योऽग्निराहोस्वित्पित्तमेवाग्निरिति । अत्रोच्यते, न खलु पित्तव्यतिरेकादन्योऽग्निरुपलभ्यते । आग्नेयत्वात्पित्ते दहनपचनादिष्वभिवर्तमानेऽग्निवदुपचारः क्रियतेऽन्तराग्निरिति । क्षीणे ह्यग्निगुणे तत्समानद्रव्योपयोगादतिवृद्धे शीतक्रियोपयोगादागमाच्च पश्यामो न खलु पित्तस्य व्यतिरेकादन्योऽग्निरिति । प्रत्यक्षप्रमाणादपि ज्ञायत एव न खलु पित्तव्यतिरेकादन्योऽग्निरिति। पित्तेऽग्निसादृश्यगुणत्वम् अनुमानेनाऽपि दृश्यते न खलु पित्तव्यतिरेकादन्योऽग्निरिति। यदा क्षीणं पित्तं स्यात्तदाग्निसादृश्योष्ण-

तीक्ष्णौषधानामुपयोगः क्रियते ॥ वृद्धे सति शीतक्रियादीनामुपयोगः । आगमादपि दृश्यते न खलु पित्तव्यतिरेकादन्योऽग्निरिति ॥ आयुर्वेदशास्त्रे कुत्राऽपि पित्तादग्निर्भिन्न इति न कथितम् ॥ तस्मादग्नि-रूपस्यैव पित्तस्य स्थानभेदात्पाचकरंजकसाधकालोचकभ्राजकसंज्ञाः । तेजस्तत्त्वेन (पित्तेन) पाचनादि कार्यं भवति । पित्तवृद्धिक्षेत्संतापविक्रिये भवतः । शरीरव्यापारारंभकाले नैसर्गिकोष्णता या-जायते स तेजस्तत्त्वप्रभावः । पाश्चिमात्यग्रन्थकारैरेतच्छक्तेः उष्णोत्पत्तिकृदेशयशक्तिरिति कथ्यते (Heat-producing mechanism, Metabolic function), । धातुरूपपित्तस्य स्वरूपं महर्षिणा वर्णितम्— सस्नेहमुष्णं तीक्ष्णं च द्रवमम्लं सरं कटु । विपरीतगुणैः पित्तं द्रव्यैराशु प्रशाम्यति ॥ पञ्चप्रकारस्यापि पित्तस्यायुर्वेदशास्त्रकारेण सम्यक्तया स्फुटीकरणं कृतम् । तथापि लेखस्य गौरवभयादत्र न लिखितम् ॥ आयुर्वेदशास्त्रकारैः पाचकाग्निरिति कथ्यते । स च पाश्चिमात्यविद्वद्भिः (Bile) "बाइल" इति गदितः— "The bile assists in emulsifying the fats of the foods and thus rendering them capable of passing into the lacteals for absorption"—Kirks' Physiology—पाचकपित्तेनान्यपित्तानां पृथक् पृथक् एवं कार्यकरणे समर्थता भवति । इति वाग्भटेनोक्तम् । तत्रस्थमेव पित्तानां शेषाणामप्यनुग्रहम् । करोति बलदानेन पाचकं नाम तत्स्मृतम् ॥ रञ्जकपित्तमित्यन्वर्थकं नाम । रञ्जकपित्तेन रुधिरस्य रक्तत्वं भवति । एतद्विषये पाश्चिमात्यविदुषां निम्नलिखितसिद्धान्तः—"The colouring matter of the bile is derived from, and is closely related to, that of blood. since the qualities of the bile pigment secreted are markedly increased by the injection of substances into the veins which are capable of setting free Haemoglobin"—Kirks' Physiology.

साधकपित्तस्यहृदयं स्थानं । एतत्पित्तेन हृत्प्रकोष्ठस्य (Contraction of the heart) संकोच-विकासौ भवतः । एतयोर्नियमिततया बुद्धिकर्मणां साहाय्यं भवति । उक्तं च वाग्भटेन—बुद्धिमेधाभि-मानाद्यैरभिप्रेतार्थसाधनात् । साधकं हृद्गतं पित्तम् । हृदयसंकोचने पाश्चिमात्यानामपि निम्नलिखित-विचारो दृश्यते—"The contraction (of the heart) cannot be long maintained without due supply of blood or a similar nutritive fluid. The view that is at present taken of the action of the heart is that in heart muscles as in protoplasm generally the metabolic processes are those or anabolism or building up which takes place during diastole of the heart and the katabolism or discharge which is manifested in the contraction of the heart"—Kirks' Physiology.

आलोचकपित्तस्य स्थानं दृष्टिमंडलम् । दृष्टिमंडले या पित्तस्य क्रियाऽस्ति (Metabolic process) तयैव दर्शनशक्तिर्जायते । एतदभावे दर्शनं न भवति । एतदर्थमेव महर्षिभिरन्वर्थं नाम प्रतिपादितम् । पाश्चिमात्या एवं वदन्ति—"It is supposed that the change effected by the light which falls upon the retina is in fact a chemical alteration in the protoplasm and that this stimulates the optic nerve-endings." भ्राजकपित्तस्य स्थानं त्वग्भवति । एतेन प्रस्वेदादिक्रिया भवति ।

कफस्य स्वरूपम् ॥

श्लेष्मा श्वेतो गुरुः स्निग्धः पिच्छिलः शीतलस्तथा । तमोगुणाधिकः स्वादुर्विदग्धो लवणो भवेत् । एक एवः श्लेष्मा वातपित्तवच्च नामस्थानकर्मभेदैः पञ्चविधः ॥

कफस्य नामानि ॥

कफस्यैतानि नामानि क्लेदनश्चावलंबनः । रसनः स्नेहनश्चाऽपि श्लेष्मणः स्थानभेदतः ॥

कफस्थानानि ॥

आमाशयेऽथ हृदये कण्ठे शिरसि सन्धिषु । स्थानेष्वेषु मनुष्याणां श्लेष्मा तिष्ठत्यनुक्रमात् ॥ दोषाणां सकलशरीरव्यापिनामपि पञ्च पञ्च स्थानानीति बाहुल्याभिप्रायेणोक्तानि ।

वाग्भटचरकयोरभिप्रायः—इति प्रायेण दोषाणां स्थानान्यविकृतात्मनाम्। व्यापिनामपि जानीयात् कर्माणि च पृथक् पृथक्॥ ते व्यापिनोऽपि हृन्नाभ्योरधोमध्योर्ध्वसंश्रयाः। यथा धातुभूतवायुरतीन्द्रियस्तथा पित्तमपि सूक्ष्मत्वादतीन्द्रियं तथा धातुभूतकफोऽप्यतीन्द्रिय एव॥ कफवर्णनं सुश्रुताचार्येण उक्तं—संधिसंश्लेषणस्नेहनरोपणपूरणबलस्थैर्यकृच्छ्लेष्मा पञ्चधा प्रविभक्त उदककर्मणानुग्रहं करोति। क्लेदनकफस्य आमाशयः स्थानं। क्लेदनकफस्य यत्कार्यं तत्कार्यं पाश्चिमात्यैः "लाला" शब्देन संज्ञितम्—"The physical use of saliva consists in moistening the mucous membrane of the mouth, assisting the solution of soluble substances in the food, and in virtue of its mucin, lubricating the bolus of food to facilitate swallowing"—Halliburton's Physiology.

"असत्वं कफ" इति चेन्मुखे लालाप्रसेको भवति। आर्यवैद्यकशास्त्रे क्लेदनकफस्य कार्यं वर्णितम्। अष्टाङ्गसंग्रहे। चरकेऽप्युक्तम्—तद्रवैर्भिन्नसंघातं स्नेहेन मृदुतां गतम्। अतः क्लेदनकफेन सह "लाला" इति शब्दकार्यस्य सादृश्यम्। अवलंबनकफस्य स्थानं उरः। स्वशक्त्या स्वस्थाने स्थित्वा शेषभूतमप्सत्वं पोषयित्वा साहाय्यं करोति। अतस्तस्य "अवलंबन" इति संज्ञा॥

एनं पाश्चिमात्यवैद्या रस इति कथयन्ति॥ रसनकफस्य स्थानं जिह्वामूलम्। कृतं वर्णनं सुश्रुतसंहितायाम्॥ जिह्वामूलकण्ठस्थो जिह्वेन्द्रियस्य सौम्यत्वात् सम्यग्रसस्थाने वर्तते। रसनकफो यदा नोत्पद्यते तदा जिह्वाया रसज्ञानं न भवति। पाश्चिमात्या अपि रसनकफं मानयन्तीति निम्नदर्शित वाक्याज्ज्ञायत एव—"Serous glands occur only at the back of the tongue in the neighbourhood of the taste-buds. The secretion of these serous glands is of a watery nature and probably assists in the distribution of the substance to be tasted over the taste area"—Gray's Anatomy.

स्नेहनकफस्य स्थानं शिरः। सुश्रुतेनोक्तम्। शिरस्स्थस्नेहतर्पणाधिकृतत्वादिन्द्रियाणामात्मवीर्येणानुग्रहं करोति। स्नेहनकफाभावे मस्तिष्कगतेन्द्रियकार्यं न भवति। पाश्चिमात्या अप्येवं वदन्ति—"Its chief use is probably to afford mechanical protection to the nervous centres and to prevent the effects of concussions communicated from without." Gray's Anatomy. श्लेषणकफस्य स्थानं संधयः। सुश्रुतेनोक्तम्। संधिस्थस्तु श्लेष्मा सर्वसन्धिसंश्लेषात् सर्वसंध्यनुग्रहं करोति। पाश्चिमात्याः (Synovia) "सायनोवीया" संज्ञया वदन्ति—"Synovia lubricates the surface of the joints and so ensures an easy movement"—Halliburton's Physiology.

भूतचतुष्टयस्य वातः पित्तं कफश्चेति संज्ञा क कथिता इति चेत्, चरकाचार्येण निदानस्थाने-प्रथमाध्याये कथितम्। अतस्त्रिविधविकल्पा व्याधयः प्रादुर्भवन्त्याग्नेय सौम्य वायव्या इति। अग्रेऽपि लिखितम्। विधिर्नाम द्विविधा व्याधयो निजागन्तुकभेदेन, त्रिविधास्त्रिदोषभेदेन। एकस्थले "आग्नेय सौम्य वायव्या इति दोषत्रयस्योपादानम्। तथा च। सुश्रुताचार्येण सूत्रस्थाने रसविशेषविज्ञानीयाध्याये (४२) श्लोके प्रदर्शितम्॥ तत्र मधुराम्ललवणा वातघ्नाः। मधुरतिक्तकषायाः पित्तघ्नाः। कटुतिक्तकषायाः श्लेष्मघ्नाः॥ अपरञ्च। वातः पित्तं कफश्चेति दोषाः के इति चेद् तेषां पञ्चभूतरसात्मकेन सह सम्बन्धः कीदृश इति शङ्कानिरासार्थं कथ्यते। वायुरात्मनैवात्मा, पित्तमाग्नेयम्, श्लेष्मा सौम्यः।

एतदर्थमेव सुश्रुतेऽपि लिखितम्—भूतेभ्यो हि परं यस्मान्नास्ति चिन्ता चिकित्सिते। एतस्माज्ज्ञायत एव। पञ्चभूतातिरिक्तचिकित्साचिंतनीयपदार्थोऽपि शास्त्रे नास्ति। एवमायुर्वेदशास्त्रोक्तत्रिदोषसिद्धान्तं पर्य्यालोच्य विचारः क्रियते चेत्तर्हि—

त्रिदोषसिद्धान्तपद्धतिः प्रशंसनीयेति ज्ञायत एव।
भवतां शास्त्रं नास्ति चेत्तर्हि पद्धतेस्तु का कथेति॥

रोगपरीक्षा ।।

प्रथमतः रोगपरीक्षार्थं समवायिकारणस्य सहकारिकारणस्योपयोगेन च वस्तुस्थितिज्ञानं जायते । अत्रोदाहरणम्——यस्य कस्यचिदपरिचितस्य बालकस्य गुणज्ञानार्थं (आचरणपरीक्षार्थं) राजपुरुष-चतुष्टयसमक्षं स बालः प्रेषितश्चेत् पूर्वं तन्मातापित्रोः स्थानं संशोध्य तत्सकाशाद्गुणादिकं ज्ञात्वा सङ्गः केन सहेति विचार्य तस्य शोधनं कृत्वा तदाचरणशोधनार्थं परिश्रमः क्रियते पश्चात्तस्य कुलादिकज्ञानार्थं च श्रमः क्रियते । एतस्माज्ज्ञातमेव । असाधुश्चेत्तस्य सत्प्रवृत्तिज्ञानार्थं यत्नः कर्तव्य एवम् । एतद्रीत्या प्रथमतः सामान्यरूपेण विशेषरूपेण च रोगपरीक्षा कार्या । स्पर्शनमित्यनेन रुग्णनिकटे स्थित्वा हृदय-नाडी-फुप्फुसादिव्यापारान्ज्ञात्वा निर्णयः कर्तव्यः स्वाभाविकाऽस्वाभाविका रोगा इति। तथा च शीतोष्णादि-ज्ञानार्थं त्वगिन्द्रियगतकर्कशमृदुत्वज्ञानार्थं च स्पर्शेन परीक्षा कार्या । रुग्णस्य मूकत्वं चेत् रमलशास्त्रेण, स्वरशास्त्रेण, ज्योतिश्शास्त्रेण च परीक्षा कार्या । एवंरीत्या स्पर्शेन, दर्शनेन, प्रश्नेन च परीक्षा कार्या । अत एवोक्तं वाग्भटाचार्येण प्रथमाध्याये——(१) दर्शनस्पर्शनप्रश्नैः परीक्षेताथ रोगिणम् ॥ यथा राजपुरुषचतुष्टयेन अपरिचितबालकस्य गुणज्ञानार्थं पृथक् संशोधः क्रियते तथैव रोगपरीक्षार्थ-मायुर्वेदाचार्येण रोगपरीक्षाचतुष्टयं दर्शितम् । दर्शनं, (२) स्पर्शनम्, (३) प्रश्नः, (४) सम्प्रदायः । दर्शनेऽन्येषामपि समावेशो भवति । दर्शनं दृश् धातोः प्रयोगः ॥ अनेन जिह्वा, नाडी, मलं, मूत्रं, रूपं इत्यादीनां ग्रहणं बोद्धव्यम् । एतदर्थमेव परीक्षाष्टविधा दर्शिता ॥ नाडीं, मूत्रं, मलं, जिह्वां, शब्दस्पर्शदृगाकृतिम् । दर्शनादित्रयेणान्येषां समावेशो ज्ञातव्यः । रोगपरीक्षा-नंतरं । रोगिणां समवायिकारणं रुग्णशरीरम् । तत्र किं द्रष्टव्यमिति चेत् रोगस्थानम् ॥

रोगः पीडा । तस्य प्रकारद्वयम् । यत्किंचिद्देशावच्छेदेन, अर्शोभगन्दरादयो रोगाः । तथा च समस्तशरीरव्यापित्वेन रक्तविकारस्य परीक्षा ॥ रक्ते भूतचतुष्टये च न्यूनतादिकं द्रष्टव्यम् ॥

॥ निदानम् ॥

(आ) द्वितियप्रश्नस्यांतरगतस्योत्तराणि ॥

निदानं, पूर्वरूपं, रूपं, उपशयः, सम्प्राप्तिश्चेति पञ्चलक्षणेन रोगनिदानं भवति । उक्तं च माधवाचार्येण माधवनिदाने——निदानं पूर्वरूपाणि रूपाण्युपशयस्तथा । सम्प्राप्तिश्चेति विज्ञानं रोगाणां पञ्चधा स्मृतम् ॥ एषां निदानादीनां मध्ये समानासमानजातियव्यावर्तकं कारणरूपनिदानस्य लक्षणमाह—— निमित्तहेत्वायतनप्रत्ययोत्थानकारणैः । निदानमाहुः पर्यायैः ॥ निदानान्तरीयकत्वात्पूर्वरूपादीनां तदनं-तरं प्राग्रूपमाह——"प्राग्रूपं येन लक्ष्यते ॥ उत्पित्सुरामयो दोषविशेषेणानधिष्ठितः । लिङ्गमव्यक्तमल्पत्वा-द्व्याधीनां तद्यथायथत् ॥ यद्यपि पूर्वरूपानंतरं संप्राप्तिर्भवति, तथापि व्याधिस्वरूपज्ञानार्थं रूपमाह—— तदेव व्यक्ततां यातं रूपमित्यभिधीयते । संस्थानं व्यञ्जनं लिङ्गं लक्षणं चिह्नमाकृतिः ॥ उपशयमाह—— हेतुव्याधिविपर्यस्तविपर्यस्तार्थकारिणाम् । औषधान्नविहाराणामुपयोगं सुखावहम् ॥ विद्यादुपशयं व्याधेः स हि सात्म्यमिति स्मृतः । विपरीतोऽनुपशयो व्याध्यसात्म्याभिसंज्ञितः ॥ संप्राप्तिमाह——यथा दुष्टेन दोषेण यथा चानुविसर्पता । निर्वृत्तिरामयस्यासौ संप्राप्तिर्जातिरागतिः ॥ तस्या औपाधिकभेदमाह—— संख्याविकल्पप्राधान्यबलकालविशेषतः । सा भिद्यते यथाऽत्रैव वक्ष्यन्तेऽष्टौ ज्वरा इति॥ दोषाणां समवेतानां विकल्पोंऽशांशकल्पना । स्वातन्त्र्यपारतन्त्र्याभ्यां व्याधेः प्राधान्यमादिशेत् ॥ हेत्वादिकात्स्न्यावयवैर्बला-बलविशेषणम् ॥ नक्तंदिनर्तुभुक्तांशैर्व्याधिकालो यथायथम् ॥ इति प्रोक्तो निदानार्थस्तद्व्यासेनो-पदेक्ष्यते ॥ द्विविधं हि रोगस्य कारणं, विप्रकृष्टं सन्निकृष्टञ्च ॥ तत्र विप्रकृष्टं विरुद्धाहारविहारादि, सन्निकृष्टं वातादि । तस्य वातादेः सर्वरोगेष्वव्यभिचरितकारणत्वमाह——सवर्षामेव रोगाणां निदानं कुपिता मलाः । तत्प्रकोपस्य तु प्रोक्तं विविधाहितसेवनम् ॥

सारांशश्च ॥ यत्र भूतचतुष्टयशरीरेऽव्यवस्था न्यूनताधिक्यं वा स्यात्तत्र तत्सदृशपरिपूर्णत्वं कार्यमिति सिद्धान्तः । उक्तं च चरके शारीरस्थाने—(६)—तस्मान्मांसमाप्यायते मांसेन भूयोऽन्येभ्यः शरीरधातुभ्यः। तथा लोहितं लोहितेन, मेदो मेदसा, वसा वसया, अस्थि तरुणास्थ्ना, मज्जा मज्जया, शुक्रं शुक्रेण, गर्भस्त्वामगर्भेणेत्यादि । "एवमन्येषामपि शरीरधातूनां सामान्यविपर्ययाभ्यां वृद्धिह्रासौ यथाकालं कार्याविति" ॥ तथा च सुश्रुतः—क्षीणा वर्द्धयितव्याः समाः पालयितव्याः वृद्धाः ह्रासयितव्याः इति ॥ चरकेणोक्तं सूत्रस्थाने—(१)—सर्वदा सर्वभावानां सामान्यं वृद्धिकारणम् । ह्रासहेतुर्विशेषश्च प्रवृत्तिरुभयस्य तु ॥ अत्रैव द्रव्यगुणक्रियाभ्यः समानता ज्ञातव्या। कथमिति चेत्, भूतपञ्चकस्वरूपे गुणेषु क्रियासु च यदाऽव्यवस्था जायते तदा रोग इति नाम । दोषगुणाः । प्रकारद्वयम् । भूतपञ्चकांतरङ्गाः बहिरंगाश्च । (१) रूक्ष, (२) शीत, (३) लघु, (४) सूक्ष्म, (५) चल, (६) विशद, (७) खर एते वातगुणाः ॥ (१) स्निग्ध, (२) उष्ण, (३) तीक्ष्ण, (४) द्रव, (५) अम्ल, (६), सर, (७) कटु एते पित्तगुणाः ॥ (१) गुरु, (२) शीत, (३) मृदु, (४) स्निग्ध, (५) मधुर, (६) स्थिर, (७) पिच्छिल एते कफगुणाः ॥ साधारण्येन विंशतिर्गुणाः ॥ (१) गुरु, (२) लघु, (३) मन्द, (४) तीक्ष्ण, (५) हिम, (६) उष्ण, (७) स्निग्ध, (८) रूक्ष, (९) श्लक्ष्ण, (१०) खर, (११) सान्द्र, (१२) द्रव, (१३) मृदु, (१४) कठिन, (१५) स्थिर, (१६) चल, (१७) सूक्ष्म, (१८) स्थूल, (१९) विशद, (२०) पिच्छिल इति विंशतिः साधारणगुणाः ॥ तेषु विपरीताविपरीतगुणप्रदर्शका अपि सन्ति ॥ यथा—यत्र शीताधिक्यं तत्र उष्णोपयोगः । यत्रोष्णताधिक्यं तत्र शीतोपयोगः । चरकाचार्येणोक्तं विमानस्थाने (३-२५५)—शीतेनोष्णकृतान् रोगान् शमयन्ति भिषग्विदः । ये तु शीतकृता रोगास्तेषामुष्णं भिषग्जितम् ॥ एवमितरेषामपि व्याधीनां निदानविपरीतमौषधं कार्य्यम् । तथापतर्पणनिमित्तानामपि व्याधीनां नान्तरेण पूरणमस्ति । शान्तिस्तथा पूरणनिमित्तानामन्तरेणापतर्पणम् । अपतर्पणमपि च त्रिविधम्, लङ्घनम्, लङ्घनपाचनम्, दोषावसेचनम् ॥ अवस्थाविशेषेण ज्वरे प्रदर्शितम् । ज्वरादौ लङ्घनं कुर्याज्ज्वरमध्ये तु पाचनम् । ज्वरान्ते रेचनं दद्यात् सर्वज्वरविनाशनम् ॥

(आ) रोगचिकित्सा ॥

चिकित्सा रुक्प्रतिक्रिया इत्यमरकोशे । कितेर्व्याधिप्रतीकारे । कितिधातोः सन्प्रत्ययात् चिकित्साशब्दो जायते । चिकित्साया अधिकरणं पाञ्चभौतिकं शरीरम् ॥ शरीरस्य प्रकारद्वयम्, स्वस्थं रुग्णम् । स्वस्य मर्यादायां स्वस्वक्रियया वातपित्तश्लेष्माणो यत्र शरीरे तिष्ठन्ति तत्स्वस्थम् । एतद्युत्पत्या समदोषः, धातुमलाग्निक्रियकः, प्रसन्नात्मेन्द्रियमनस्कश्च स्वस्थ इति ज्ञायते । अत एवोक्तं सुश्रुताचार्येण उत्तरतन्त्राध्याये (६५)—"समदोषः समाग्निश्च समधातुमलक्रियः। प्रसन्नात्मेन्द्रियमनाः स्वस्थ इत्यभिधीयते ॥" इति ॥ स्वास्थ्यस्य रक्षणार्थं दिनचर्या, रात्रिचर्या, ऋतुचर्यादिनियमानां पालनं यथाशास्त्रं कर्तव्यम् ॥ एतेन स्वस्थस्य चिकित्सा कथिता ॥ एतन्नियमानां यदोल्लंघनं स्यात्तदाऽस्वस्थता रुग्णता इति कथ्यते । यदा भूतपञ्चकस्य स्वरूपे, गुणे, क्रियायां च विषमता स्यात्तदा रुग्णता । तस्या एव चिकित्सा। सा त्रिविधा, हेतुलिङ्गौषधानीति । त्रयाणां यस्मिन् शास्त्रे साङ्गोपाङ्गचिकित्साऽस्ति तदायुर्वेदशास्त्रमिति कथ्यते । चिकित्साशब्देन हेतुलिङ्गौषधानां ज्ञानं भवति । पञ्चभूतशरीरस्य शरीरिणः जीवात्मनः सम्बन्धः पुरुषः कथ्यते । एतत्पुरुषस्य दुःखयोगः व्याधिः कथ्यते । व्याधयश्चतुर्विधाः—आगन्तवः शारीराः मानसाः स्वाभाविकाश्चेति । चतुर्णामपि त्रयो भेदाः—आध्यात्मिकः आधिदैविकः आधिभौतिकश्चेति ॥ सुश्रुताचार्येण सूत्रस्थाने (२४) आदिबलप्रवृत्तादिसप्तभेदं दर्शयित्वाऽऽधिदैविकप्रधानताया उक्तं

त्रिदोषकारणम् ॥ सर्वेषाञ्च व्याधीनां "वातपित्तश्लेष्माण एव मूलं तल्लिङ्गत्वात् दृष्टफलत्वादागमाच्च । तथा हि कृत्स्नं विकारजातं विश्वरूपेणावस्थितं सत्त्वरजस्तमांसि न व्यतिरिच्यन्ते ॥ एवमेव कृत्स्नं विकारजातं विश्वरूपेणावस्थितमव्यतिरिच्य वातपित्तश्लेष्माणो वर्तन्ते । आत्मनः महद्दुःखं शरीरमनोद्वारातो ज्ञायत एव । अतः एतस्याऽपि द्वयं शारीरकं मानसिकं चेति । एतत्सर्वस्य सूक्ष्मभेदतया "आगन्तुकः, शारीरकः, मानसिकः, स्वाभाविक"श्चेति भेदचतुष्टयं प्रतिभाति ॥ त्रिदोषविषमतायाः हेतुः । हेतुः कारणम् । यद्यपि नैयायिकेन "समवायिकारणम्, असमवायिकारणम्, निमित्तकारण"मिति कारणत्रयमङ्गीकृतम् । तथापि । आयुर्वेदशास्त्रे समवायिकारणम् (उपादानं), सहकारिकारणं चेति कारणद्वयमङ्गीकृतम् । एतदर्थमेव पृथक् २ रोगोत्पत्तिकारणं दर्शयितुमक्षमः । अतः (१) असात्मेन्द्रियसंयोगः, (२) प्रज्ञापराधः, (३) परिणामश्च भेदत्रयम् ॥ कालबुद्धीन्द्रियार्थत्रिविधसंयोगस्य समावेशोऽपि एतत्त्रये भवति ॥ तत्पूर्वं प्रदर्शितम् ॥ सर्वं द्रव्यं पाञ्चभौतिकमस्मिन्नेवार्थे तच्चेतनावदचेतनञ्च ॥ चरक. सूत्र. अध्याये (२६) पृथक् २ त्रिदोषगुणाः सामान्यतया दर्शिताः विशेषेण दृश्यन्ते । तत्र द्रव्याणि (१) गुरु, (२) खर, (३) कठिन, (४) मन्द, (५) स्थिर, (६) विशद, (७) स्थूल, (८) गन्धगुण, बहुलानि पार्थिवानि । तानि (१) उपचय, (२) सङ्घात, (३) गौरव, (४) स्थैर्य्यकराणि ; (१) द्रव, (२) स्निग्ध, (३) शीत, (४) मन्द, (५) मृदु, (६) पिच्छिल, (७) सर, (८) रस, गुणबाहुल्यान्याप्यानि । तानि (१) उत्क्लेद, (२) स्नेह, (३) बन्ध, (४) विष्यन्द, (५) मार्दव, (६) प्रह्लादकराणि । (१) उष्ण, (२) तीक्ष्ण, (३) सूक्ष्म, (४) लघु, (५) रूक्ष, (६) विशद, (७) रूप गुणबहुलान्याग्नेयानि । तानि (१) दाह, (२) पाक, (३) प्रभा, (४) प्रकाश, (५) वर्ण, कराणि ॥ इति ॥ (१) लघु, (२) शीत, (३) रूक्ष, (४) खर, (५) विशद, (६) सूक्ष्म, (७) स्पर्श, (८) गुणबहुलानि वायव्यानि । तानि (१) रौक्ष्य, (२) ग्लानि, (३) विचार, (४) वैशद्य, (५) लाघव, कराणि । (१) मृदु, (२) लघु, (३) सूक्ष्म, (४) श्लक्ष्ण, (५) शब्द, गुणबहुलान्याकाशात्मकानि । तानि (१) सौषिर्य, (२) लाघवकराणि ॥ ५ ॥ "अनेनोपदेशेन नानौषधिभूतं जगति किञ्चिद्द्रव्यमुपलभ्यते" पूर्वोक्तरीत्या भूतपञ्चकशरीरे वातपित्तश्लेष्मादीनां संबन्धः । एतदर्थमेव पूर्वोक्तं कथितम् । कर्मभेदेन पृथक् २ नामभेदा जायन्ते । तद्यथा—एको देवदत्तस्तस्य पाचनादिक्रियोपयोगात्पाचकः रञ्जकः दापकः कारकः हारकः धारक इत्यादिनामानि भवन्ति । तथैव त्रिदोषसम्बन्धोऽपि द्रष्टव्यम् । एतदर्थमेव चरकाचार्येण सूत्रस्थानाध्याये (६) चोक्तम्—एकोऽपि ह्यनेकां संज्ञां लभते कार्यान्तराणि कुर्वन् । तद्यथा पुरुषो बहूनां कर्मणां करणे समर्थो भवति स यद्यत्कर्म करोति तस्य २ कर्मणः कर्तृकरणकार्यसम्प्रयुक्तं तत्तद्गौणं नाम विशेषम्प्राप्नोति तद्वदौषधद्रव्येऽपि द्रष्टव्यम् ॥ प्रकृतेऽपि भूतपञ्चकशरीरे आरंभात्मकपृथिव्यप्तेजोवाय्वाकाशादितत्वेषु तदीयगुणक्रियासु च असंख्यपरिणामाः भवन्ति । परिणामभेदद्वयम् अनुकूलः प्रतिकूलश्च ॥

एतद्‌ज्ञानार्थं लिङ्गज्ञानमपेक्षितम् । द्रष्टव्यं चरकाध्याये (१८)—नित्याः प्राणभृतां देहे वातपित्तकफास्त्रयः । विकृताः प्रकृतिस्था वा तान् बुभुत्सेत पण्डितः ॥ इति । "अत्र नित्यशब्दार्थो यावच्छरीरत्वावस्थानमस्ति चेत्तस्य प्रकृतिस्थत्वे साम्यावस्था" विकृतिस्थत्वेऽसाम्यावस्था ज्ञेया । एतावन्मात्रं च साम्यत्वं कथितम् । यावता प्रकारेण स्वरूपेण प्रमाणेन वा शरीरस्यानाबाधकरत्वं सम्पद्यते तदेव साम्यम् । एतदतिरिक्तसाम्यपदार्थो नास्ति । वातपित्तकफादिगतगुणक्रिययोस्तत्तदेव लिङ्गम् । प्रतिपादितं च चरकाचार्येण सूत्रस्थानाध्याये (२०) अशीतिर्वातविकारास्तद्यथा — वातपित्तश्लेष्मविकाराणां संख्यादिग्दर्शनम् ॥ नखभेदश्च (१), विपादिका च (२), पादशूलञ्च (३), पादसुप्तता च (४),

इत्यादि ॥ ८० ॥ वातविकाराणामपरिसंख्येयानामाविष्कृततमा (प्रसिद्धतमाः) व्याख्याताः । सर्वेष्वपि खल्वेतेषु वातविकारेषु अन्येषु चानुक्तेषु वायोरिदमात्मरूपमपरिणामि कर्मणश्च स्वलक्षणं यदुपलभ्य तदवयवं वा विमुक्तसन्देहा वातविकारमेवाऽध्यवस्यन्ति कुशलाः । तद्यथा—(१) रौक्ष्यं, (२) लाघवम्, (३) वैशद्यम्, (४) शैत्यम्, (५) गतिः, (६) अमूर्तत्वश्चेति वायोरात्मरूपाणि । एवंविधत्वाच्च कर्मणश्च स्वलक्षणमिदमस्य भवति तं तं शरीरावयवमाविशतः (१) स्रंस, (२) भ्रंश, (३) व्यासङ्ग, (४) भेद, (५) साद, (६) हर्ष, (७) तर्ष, (८) आवर्त्त, (९) मर्द, (१०) कम्प, (११) चाल, (१२) तोद, (१३) व्यथ, (१४) वेष्ट, (१५) भङ्गास्तथा खर, (१६) परुष, (१७) विशद, (१८) सुषिरता, (१९) अरुण, (२०) कषाय, (२१) विसरता, (२२) शोष, (२३) शूल, (२४) सुप्ति, (२५) सङ्कुचन, (२६) स्तम्भनानि वायोः कर्माणि । तैरन्वितं वातविकारमेवाऽध्यवस्येत् तं मधुराम्ललवणस्निग्धोष्णैरुपक्रमेत । (१) स्वेद, (२) स्नेह, (३) अस्थापना, (४) अनुवासन, (५) नस्यः कर्म, (६) भोजन, (७) अभ्यङ्ग, (८) सादन, (९) परिषेकादिभिर्वातहरैर्मात्रां कालञ्च प्रमाणीकृत्य, आस्थापनानुवासनन्तु सर्वोपक्रमेभ्यो वाते प्रधानतमं मन्यन्ते भिषजस्तदुपपादित एव पक्वाशयमनुप्रविश्य केवलं वैकारिकं वातमूलञ्छिनत्ति, तत्राऽवजिते वातेपि शरीरान्तर्गता वातविकाराः प्रशान्तिमापद्यन्ते, यथा वनस्पतेर्मूले छिन्ने स्कन्ध, शाखा, प्ररोह, कुसुम, फल, पलाशादीनां नियतो विनाशस्तद्वत् पित्तविकाराश्चत्वारिंशदत ऊर्ध्वं व्याख्यास्यन्ते । तद्यथा—(१) ओषश्च, (२) प्लोषश्च, (३) दाहश्च, (४) दवथुश्च, (५) धूमकश्च, (६) अंसकश्च इत्यादि । पित्तविकाराणामपरिसङ्ख्येयानामाविष्कृततमा व्याख्याता भवन्ति । सर्वेष्वपि खल्वेतेषु पित्तविकारेष्वन्येषु चानुक्तेषु पित्तस्येदमात्मरूपपरिणामि, कर्मणश्च स्वलक्षणं यत्तदुपलभ्य तदवयवा विमुक्तसन्देहाः पित्तविकारमेवाऽध्यवस्यन्ति कुशलाः । तद्यथा—(१) औष्ण्यम्, (२) तैक्ष्ण्यम्, (३) लाघवं, (४) अनतिस्नेहः (५) वर्णश्च शुक्लारुणवर्ज्यो, (६) गन्धश्च विस्र, (७) रसौ च कटुकाम्लौ पित्तस्यात्मरूपाणि । एवंविधत्वाच्च कर्मणः स्वलक्षणमिदमस्य भवति, तं तं शरीरावयवमाविशतो (१) दाहो, (२) ऊष्म, (३) पाक, (४) स्वेद, (५) क्लेद, (६) कोथ, (७) स्राव, (८) रागाः यथास्वञ्च गन्धवर्णरसादिभिर्निर्वर्तनं पित्तस्य कर्माणि तैरन्वितं पित्तविकारमेवाऽध्यवस्येत्, तम्मधुरतिक्तकषायशीतैरुपक्रमैरुपक्रमेत । (१) स्नेह, (२) विरेक, (३) प्रदेह, (४) परिषेक, (५) अभ्यङ्ग, (६) अवगाहादिभिः पित्तहरैर्मात्रां कालञ्च प्रमाणीकृत्य विरेचन्तु सर्वोपक्रमेभ्यः पित्ते प्रधानतमम्मन्यन्तो भिषजस्तद्यादित एवामाशयमनुप्रविश्य केवलं वैकारिकपित्तमूलञ्चापकर्षति, तत्राऽवजितेऽपि शरीरान्तर्गताः पित्तविकाराः प्रशान्तिमापद्यन्ते, यथाग्नौ व्यपोढे केवलमग्निगृहश्च शीतो भवति तद्वत् ॥

श्लेष्मविकाराश्च विंशतिरत ऊर्ध्वं व्याख्यास्यन्ते । तद्यथा—(१) तृप्तिश्च, (२) तन्द्रा च, (३) निद्राधिक्यं च, (४) स्तैमित्यञ्च इत्यादिभिः संख्यां (२०) समाप्यन्ते । श्लेष्मविकाराणामपरिसंख्येयानामाविष्कृततमा व्याख्याताः सर्वेष्वपि तु खल्वेतेषु श्लेष्मविकारेष्वन्येषु चानुक्तेषु श्लेष्मण इदमात्मरूपमपरिणामि, कर्मणश्च स्वलक्षणं यदुपलभ्य तदवयवं वा विमुक्तसन्देहाः श्लेष्मविकारमेवाऽध्यवस्यन्ति कुशलाः । तद्यथा—(१) श्वैत्य, (२) शैत्य, (३) गौरव, (४) माधुर्य, (५) मात्स्न्यानि श्लेष्मण आत्मरूपाण्येवंविधत्वाच्च कर्मणः स्वलक्षणमिदमस्य भवति तं तं शरीराऽवयवमाविशतः (१) श्वैत्य, (२) शैत्य, (३) कण्डू, (४) स्थैर्य्य, (५) गौरव, (६) स्नेह, (७) स्तम्भ, (८) सुप्ति, (९) क्लेद, (१०) उपदेह, (११) बन्ध, (१२) माधुर्य्य, चिरकारितानि श्लेष्मणः कर्माणि । तैरन्वितं श्लेष्मविकारमेवाध्यवस्येत् । तं (१) कफ, (२) कटुक, (३) तिक्त, (४) कषाय, (५) तीक्ष्णोष्ण, (६) रूक्षैरुपक्रमैरुपक्रमेत । (१) स्वेदन, (२) वमन,

(३) शिरोविरेचनव्यायामादिभिः श्लेष्महरैर्मात्रां कालञ्च प्रमाणीकृत्य, वमनन्तु सर्वोपक्रमेभ्यः श्लेष्मणि प्रधानतमं मन्यन्ते भिषजस्तद्व्याधि एवमाशयमनुप्रविश्य केवलं वैकारिकश्लेष्ममूलमपकर्षति । तत्रावजिते श्लेष्मण्यपि शरीरान्तर्गताः श्लेष्मविकाराः प्रशान्तिमापद्यन्ते । यथा भिन्ने केदारसेतौ शालियवषष्टिकादीन्यभिष्यन्द्यमानान्यम्भसा प्रशोषमापद्यन्ते तद्वदिति ॥ स्वास्थ्यस्य हेतुलिङ्गौषध इति । त्रयाणां वर्णनं कृतं चरकाचार्येण सूत्रस्थानाध्याये (२०)—रोगमादौ परीक्षेत ततोऽनन्तरमौषधम् । ततः कर्म भिषक् पश्चाज्ज्ञानपूर्वं समाचरेत् ॥ यस्तु रोगमविज्ञाय कर्माण्यारभते भिषक् । अप्यौषधविधानज्ञस्तस्य सिद्धिर्यदृच्छया ॥ यस्तु रोगविशेषज्ञः सर्वभैषज्यकोविदः । देशकालप्रमाणज्ञस्तस्य सिद्धिरसंशया ॥ अत्रैव रोगविज्ञानात् । वातपित्तकफानां त्रिषष्टिभेदाश्च ज्वरादिभेदाश्च विवक्षिता. । औषधविज्ञानशब्देनौषधनिष्ठमधुराम्ललवणकटुतिक्तादीनां ग्रहणम् । अन्यच्च कथितम्—यः स्याद्रसविकल्पज्ञस्स्याच्च दोषविशेषवित् । न स मुह्येद्विकाराणां हेतुलिङ्गोपशान्तिषु ॥ अन्यच—रसान् द्रव्याणि, दोषांश्च विकारांश्च प्रभावतः । वेद यो देशकालौ च शरीरं स तु नाभिषक् ॥ हेतुज्ञानं, लिङ्गज्ञानं, औषधज्ञानं, स्थावरजङ्गमात्मिका सृष्टिश्च कियत्प्रकारेण जाता । तेषां सहकारिकारणं किम्, स्वस्थाऽस्वस्थताप्रकारः कीदृशः इत्यादिवर्णनं चरकाचार्येण सूत्रस्थाने प्रथमाध्याये कृतम्—हेतुलिङ्गौषधज्ञानं स्वस्थातुरपरायणम् । त्रिसूत्रं शाश्वतं पुण्यं बुबुधे यं पितामहः ॥ सोऽनन्तपारं त्रिस्कन्धमायुर्वेदं महामतिः । यथावदचिरात्सर्वं बुबुधे तन्मना मुनिः ॥ विशेषतया सुश्रुते सूत्रस्थानाध्याये चिकित्साबीजं सम्यग्वर्णितम् ॥

चिकित्साबीजम् ॥

अस्मिन् शास्त्रे पञ्चमहाभूतशरीरिसमवायः पुरुष इत्युच्यते । तस्मिन् क्रिया, सोऽधिष्ठानं, कस्माल्लोकस्य द्वैविध्यात् ॥ लोको हि द्विविधः स्थावरो जङ्गमश्च ॥ द्विविधात्मक एवाग्नेयः सौम्यश्च तद्भूयस्त्वात् । पञ्चात्मको वा । तत्र चतुर्विधो भूतग्रामः, स्वेदजाण्डजोद्भिज्जजरायुजसंज्ञः । तत्र पुरुषः प्रधानं तस्योपकरणमन्यत् । तस्मात्पुरुषोऽधिष्ठानम् । तद्दुःखसंयोगा व्याधय इत्युच्यन्ते ॥ ते चतुर्विधाः आगन्तवः शारीरा मानसाः स्वाभाविकाश्चेति । तेषामागन्तवोऽभिघातनिमित्ताः, शारीरास्त्वन्नपानमूला वातपित्तकफशोणितसन्निपातवैषम्यनिमित्ताः, मानसास्तु कामक्रोधशोकभयहर्षविषादेर्ष्याभ्यसूयादैन्यमात्सर्यलोभमोहप्रभृतय इच्छाद्वेषभेदैर्भवन्ति ॥

स्वाभाविकाः क्षुत्पिपासाजरामृत्युनिद्राप्रभृतयः । त एते मनःशरीराधिष्ठानाः । तेषां संशोधनसंशमनाहाराचाराः सम्यक् प्रयुक्ताः निग्रहहेतवः । प्राणिनां पुनर्मूलमाहारो बलवर्णौजसाञ्च षट्सु रसेष्वायत्ताः । रसाः पुनर्द्रव्याश्रयाः । द्रव्याणि पुनरोषधयस्ताः द्विविधाः—स्थावराजङ्गमाश्च । तासां स्थावराश्चतुर्विधाः वनस्पतयो वृक्षा वीरुध ओषधय इति । तास्वपुष्पाः फलवन्तो वनस्पतयः। पुष्पफलवन्तो वृक्षाः । प्रतानवत्यः स्तम्बिन्यश्च वीरुधः । फलपाकनिष्ठा ओषधय इति । जङ्गमाः खल्वपि चतुर्विधाः जरायुजाण्डजस्वेदजोद्भिज्जाः । तत्र पशुमनुष्यव्यालादयो जरायुजाः । खगसर्पसरीसृपप्रभृतयोऽण्डजाः । कृमिकीटपिपीलिकाप्रभृतयः स्वेदजाः । इन्द्रगोपमण्डूकप्रभृतय उद्भिज्जाः । तत्र स्थावरेभ्यस्त्वक्पत्रपुष्पफलमूलकन्दनिर्यासस्वरसादयः प्रयोजनवन्तः । जङ्गमेभ्यश्चर्मनखरोमरुधिरादयः। पार्थिवाः सुवर्णरजतमणिमुक्तामनःशिलामृत्कपालादयः । कालकृतास्तु प्रवातनिवातातपच्छायाज्योत्स्नातमःशीतोष्णवर्षाहोरात्रपक्षमासर्त्वयनादयः संवत्सरविशेषाः । त एते स्वभावत एव दोषाणां सञ्चयप्रकोपप्रशमप्रतीकारहेतवः प्रयोजनवन्तश्च । भवन्ति चात्र—शारीराणां विकाराणामेष वर्गश्चतुर्विधः । चये कोपे शमे चैव हेतुरुक्तश्चिकित्सकैः ॥ आगन्तवश्च ये रोगास्ते द्विधा निपतन्ति हि । मनस्यन्येशरीरेऽन्ये बेषां तु द्विविधा क्रिया ॥ शरीरपतितानां तु शरीरवदुपक्रमः । मानसानां तु शब्दादिरिष्टो

वर्गः सुखावहः ॥ एवमेतत्पुरुषो व्याधिरौषधं क्रिया काल इति चतुष्टयं समासेन व्याख्यातम् । तत्र पुरुषग्रहणात्तत्संभवद्रव्यसमूहो भूतादिरुक्तस्तदङ्गप्रत्यङ्गविकल्पाश्च त्वङ्मांसशिरास्नायुप्रभृतयः । व्याधिग्रहणाद्वातपित्तकफशोणितसन्निपातवैषम्यनिमित्ताः सर्व एव व्याधयो व्याख्याताः । औषधग्रहणात् द्रव्यगुणरसवीर्यविपाकप्रभावाणामादेशः । क्रियाग्रहणाच्छेद्यानि च कर्माणि स्नेहादीनि च व्याख्यातानि। कालग्रहणात्सर्वक्रियाकालानामादेशः । भवति चात्र बीजं—चिकित्सितस्यैतत् समासेन प्रकीर्तितम् । सविंशमध्यायशतमस्य व्याख्या भविष्यति ॥ तच्च सविंशमध्यायशतं पञ्चसु स्थानेषु । तत्र सूत्रस्थाननिदानशारीरचिकित्सितकल्पेष्वर्थवशात्संविभज्योत्तरे तन्त्रे शेषानर्थान् व्याख्यास्यामः । इति ॥

सुश्रुते चोक्तानि ।

॥ आयुर्वेदस्याष्टाङ्गानि ॥

इह खल्वायुर्वेदो नाम यदुपाङ्गमथर्ववेदस्यानुत्पाद्यैव प्रजाः श्लोकसहस्रं च कृतवान् स्वयंभूः । ततोऽल्पायुष्ट्वमल्पमेधस्त्वञ्चावलोक्य नराणां भूयोऽष्टधा प्रणीतवान् ॥ तद्यथा—शल्यं, शालाक्यं, कायचिकित्सा, भूतविद्या, कौमारभृत्यमगदतं रसायनं वाजीकरणं चेति ॥

अथास्य प्रत्यङ्गलक्षणसमासः ।

तत्र शल्यं नाम विविधतृणकाष्ठपाषाणपांशुलोहलोष्टास्थिवालनखपूयास्रावान्तर्गर्भशल्योद्धरणार्थं यन्त्रशस्त्रक्षाराग्निप्रणिधानव्रणविनिश्चयार्थं च ॥

शालाक्यं नाम ऊर्ध्वजत्रुगतानां (श्रवणनयनवदनघ्राणादिसंश्रितानां) व्याधीनामुपशमनार्थम् ॥

कायचिकित्सा नाम सर्वाङ्गसंसृतानां व्याधीनां ज्वरातीसाररक्तपित्तशोषोन्मादापस्मारकुष्ठमेहादीनामुपशमनार्थम् ॥

भूतविद्या नाम देवासुरगन्धर्वयक्षरक्षःपितृपिशाचनागग्रहोपसृष्टचेतसां शान्तिकर्मबलिहरणादिभिः ग्रहोपशमनार्थम् ॥

कौमारभृत्यं नाम कुमारभरणधात्रीक्षीरदोषसंशोधनार्थं दुष्टस्तन्यग्रहसमुत्थानां व्याधीनामुपशमनार्थं च ॥

अगदतंत्रं नाम सर्पकीटलूतावृश्चिकमूषिकादिदुष्टविषव्यञ्जनार्थं विविधविषसंयोगविषोपहतोपशमनार्थम् ॥

रसायनतंत्रं नाम वयःस्थापनमायुर्मेधाबलकरं रोगापहरणसमर्थं च ॥

वाजीकरणतन्त्रं नाम अल्पदुष्टविशुष्कक्षीणरेतसामाप्यायनप्रसादोपचयजननिमित्तं प्रहर्षजननार्थं च ॥

॥ आयुर्वेदचिकित्सायाः श्रेष्ठत्वम् ॥

आयुर्वेदशास्त्रप्रदर्शितनियमेन चिकित्सा स्याच्चेत्तर्हि राजयक्ष्मा संग्रहणी कुष्ठामवातोपदंशविषमज्वरप्रमेहवातव्याधय इत्यादयो भयङ्करव्याधयो झटिति नश्यन्ति । पाश्चिमात्यवैद्या यद्यद्रोगानुपेक्षन्ते तांस्तान् रोगान् देशीयवैद्याः सम्यक्प्रकारेण सान्त्वयन्ति ॥ तद्यथा—

(१) राजयक्ष्मरोगे—वसंतकुसुमाकररसः, सुवर्णवसंतमालतीरसः, सहस्रपुटितं अभ्रकभस्म, प्रवालपञ्चामृतरसः, जयमङ्गलरसः, क्षयामृतरसः, लोकनाथरसः, वासावलेहः, च्यवनप्राशावलेहः, द्राक्षारिष्टः, लाक्षादितैलप्रभृतीनि औषधानि शीघ्रतया कार्यं कुर्वन्ति । तथा च शतपरिमितरुग्णानां मध्ये पञ्चनवतिरुग्णाः स्वस्थाः जायन्ते ॥

(२) संग्रहण्यां—पञ्चामृतपर्पटीरसः, स्वर्णपर्पटीरसः, रसपर्पटीरसः, दुग्धवटी, तक्रवटी, ग्रहणीकपाटरसः, कनकसुंदररसप्रभृतीनि औषधानि यथाशास्त्रनियमेन सेवितानि चेत् झटिति रोगनिर्मुक्ता रुग्णा भवन्ति ॥

(३) आमवातरोगे—वातारिगुग्गुलुः, एरण्डतैलम्, रास्नादिक्वाथः, आमवातारिरसः इत्यादीनामौषधानामुपयोगः सहस्रवर्षपूर्वमेवार्षग्रन्थेषु दृश्यते ॥

(४) कथयन्ति पाश्चिमात्यविद्वांसोऽप्यायुर्वेदीयचिकित्सापद्धतिरतीव श्लाघनीयेति । एतदर्थमेव पाश्चिमात्यविदुषां प्रमाणपत्राणि निम्ननिर्दिष्टानि ॥

द्वितीयप्रश्ने भवद्भिरुक्तानि गर्वितवचनानि ॥ यथा भवदीयवैद्यकतन्त्रमनुरुध्य व्याधेर्हेतुत्वे सिद्धान्तः सिद्धान्ता वा के नाम विद्यन्ते इत्यादिगर्वितवाक्यानि समालोच्य ज्ञायत एव आयुर्वेदशास्त्रं प्रतिकक्ष्येण भवद्भिर्लिखितमिति ॥ गर्वस्तु कदाऽपि न कर्तव्य इति महाकविश्रीकालिदासेनोक्तम्—

कस्यात्यन्तं सुखमुपगतं दुःखमेकान्ततो वा
नीचैर्गच्छत्युपरि च दशा चक्रनेमिक्रमेण ॥ १ ॥
यात्येकतोऽस्तशिखरं पतिरोषधीना-
माविष्कृतोऽरुणपुरस्सर एकतोऽर्कः ।
तेजोद्वयस्य युगपद्व्यसनोदयाभ्यां
लोको नियम्यत इवात्मदशान्तरेषु ॥ २ ॥

(अ-आ) तृतीयप्रश्नस्योत्तरम्.

साक्षात्संबन्धो नास्ति ॥

(इ) तृतीयप्रश्नान्तर्गत(र)विषये निम्नलिखितानि उत्तराणि । आयुर्वेदपाठशालाः आयुर्वेदीयविद्यालयाश्च जयपुरे, वटपत्तनगरे (वहाण्हाराजधान्यां), मुम्बापुर्यां, वाराणस्यां, प्रयागनगरे इत्यादिस्थलेषु बहवः सन्ति। तत्राध्ययनमध्यापनं च सम्यग्रीत्या प्रचलति। छात्राश्च बहवस्सन्ति। परीक्षोत्तीर्णेभ्यश्छात्रेभ्यः "भिषग्वरः, रसवैद्यः, प्राणाचार्यः, आचार्यः, शास्त्री, इत्येतत्प्रभृतय उपाधयो दीयन्ते ॥ यावत्पर्यन्तमायुर्वेदोत्तेजनार्थं राजकीयसाहाय्यं न स्यात्तावत्पर्यन्तमायुर्वेदशास्त्रोद्धारः कथं भवेत् । अतः स्वकीयप्रजोत्साहार्थमायुर्वेदोद्धारार्थश्च सततप्रयत्नः कर्तव्य एव । यदा भवत्प्रश्ना आलोच्यंते तदा अक्षरशः आयुर्वेदशास्त्रस्योपरि कटाक्षमन्तरा किमपि न दृश्यते । पाश्चिमात्यपद्धतिश्च शास्त्रं ना शास्त्रेषु कालाभस्यज्ञानं भवदीयशास्त्रे प्रतिवर्षं सिद्धान्तानां पुनरावर्तनं भवति तथैवास्मदीयशास्त्रे नास्ति ॥ देशीयवैद्यकपद्धतिमनुसृत्य बह्वच आयुर्वेदीयशालास्सन्ति (आस्पिताल) । तथाऽपि तत्र राजकीयसाहाय्यमन्तरा किमपि विशेषाधिक्यं न भवति। यदा यदा देशेषु कफोल्बणसन्निपातज्वरः (इन्फल्युन्सा), सन्निपातग्रन्थिकज्वरः (प्लेग) इत्यादि प्राणघातकमहाभयङ्करव्याधयो भवन्ति तदा तदा तद्रुग्णानामायुर्वेदीयशालाभ्यः अधिकतरं लाभो जातः ॥ एवं सर्वैरपि ज्ञायत एव ।

चतुर्थप्रश्नस्योत्तरम् ।

अयं निजः परो वेति गणना लघुचेतसाम् । उदारचरितानां तु वसुधैव कुटुम्बकम् ॥ तथैव यत्सारभूतं तदुपासनीयम् ॥ इति शास्त्रोक्तवचनान्यनुसृत्यायुर्वेदशास्त्रोपरि कटाक्षमन्तरा समानदृष्ट्या

भवद्भिरायुर्वेदोद्धारार्थं सततं परिश्रमः क्रियते चेत् चतुर्थप्रश्नान्तर्गतविषयार्थेषु यद्यत्प्रतिपादितं तदवश्यमेव भवितव्यमिति । इदानीं क्वचित्क्वचिद्देशेषु पाठशालाः प्रयोगशालाः आयुर्वेदीयशालाः पुस्तकशालास्सन्ति, तथाऽपि राजकीयसाहाय्यमन्तरा सम्यक् न प्रचलन्ति । एतदर्थमेव पूर्वमेतत्समित्यामायुर्वेदशास्त्रज्ञा अध्यक्षा अपेक्षितव्या इति । पश्चात् भवत्प्रश्नेषु यद्यत्कथितं तदुपरि विचारः स्यादेव ॥

पञ्चमप्रश्नस्योत्तरम् ।

कालिकाताविश्वविद्यालयनियमितया समित्या योऽभिप्रायः प्रकाशितस्तदभिप्रायविरुद्धा वयम् । कथमिति चेत्, आयुर्वेदशास्त्रसिद्धान्तमनालोच्य तथा च आयुर्वेदोद्धारार्थं राजकीयसाहाय्यमन्तरा यद्यत्कथ्यते तदसमीचीनमिति प्रतिभाति ॥ यावत्पर्यन्तमायुर्वेदशास्त्ररीत्या पाठशालादिकं न स्यात्तावत्पर्यन्तं किं भवेदिति ।

षष्ठप्रश्नस्योत्तरम् ।

आयुर्वेदस्याष्टाङ्गानि पूर्वकथितानि । तत्र शल्यादिकमस्ति । यदा भवतां तत्र न्यूनाधिकत्वज्ञानं स्यात्तर्हि आयुर्वेदशास्त्रज्ञानां भिषजां आहूयविचारः क्रियतां नाम ॥ षष्ठप्रश्नस्यान्तर्गतेषु (अ-आ-इ) विषयेषु पूर्वदर्शितपाठशालाध्यापकानां संमतं गृहीत्वा पठनपाठनक्रमश्च तथा च परीक्षोत्तीर्णानां छात्राणामुपाधि बहव औषधालयाः । क्रमश्च निर्णेतव्य इति ।

सप्तमप्रश्नस्योत्तरम् ।

जयपुरे, श्रीनगरे, मुम्बापुर्य्यां, काश्यां, वटपत्तने (वंगहाराजधान्यां), प्रयागप्रभृतिस्थलेषु च सन्ति बहून्यौषधालयानि । राजकीयशासनानुरोधात्शस्त्रक्रियादिज्ञानमन्तरा तत्रैव पठनं, पाठनं, ओषधिज्ञानं, संशोधनं, रसायनशास्त्रज्ञानं, इन्द्रियविज्ञानशास्त्रज्ञानं, सूतिकारोगज्ञानं, रसाद्यौषधिज्ञानप्रभृति चिकित्साज्ञानं समग्रतया भवति । तत्र परीक्षोत्तीर्णानां छात्राणां वैद्यपट्टिकानियमनियोजनविषये नामसंकीर्तनं कर्तव्यमेव । एतदर्थमेव वैद्यपरिषदपि स्थापयितव्येति ।

अष्टमप्रश्नस्योत्तरम् ।

आयुर्वेदचिकित्सापद्धतिस्तु स्वल्पव्ययविषयेऽतीव प्रशंसनीयेति ॥

नवमप्रश्नस्योत्तरम् ।

द्वितीयप्रश्नस्योत्तरेषु यद्यत्प्रदर्शितं तस्माज्ज्ञायत एव आयुर्वेदोद्धारार्थं राजकीयसाहाय्यमपेक्षितमिति । कार्यवशात्भवत्प्रश्नानामुत्तराणि शीघ्रतया लिखितान्यतः "प्रमादो मानुषो भावः" इति न्यायेन लेखने प्रमादो जातश्चेत्कृपया क्षन्तव्यमेव ॥

प्रेषितानि भवत्प्रश्नानामुत्तराणि विनैव विलंबम् । तत्कृपयाऽङ्गीकुर्वन्तु नाम । किमधिकमभिज्ञेषु । अलमतिविस्तरेण ॥

पाश्चिमात्यविदुषां प्रमाणपत्राणि निर्दिष्टानि.

It would not be out of place to point out here in connexion with Ayurvedic science that the Right Hon'ble Mountstuart Elphinstone bears a high testimony and says : "Their acquaintance with medicines seems to have been very extensive; we are not surprised with their

knowledge of simples in which they gave early lessons to Europe and more recently taught us the benefit of smoking Datura in asthma and the use of cowitch against worms. Their chemical skill is a fact more striking and more unexpected."

Professor Horace Hayman Wilson, M.A., F.R.S., President of Medical Society and Professor of Oxford, says that "There is reason to conclude from the imperfect opportunities we possess that, in Medicine, in Astronomy and Metaphysics, the Hindus kept pace with the most enlightened nations of the world and they attained as thorough a proficiency in medicine and surgery as any people."

Again George H. Clarke, M.A., M.D., speaks of our system in terms of high praise. He says: "As I go over each fasciculus, I always arrive at one conclusion and that is this: If the physicians of the present day would drop from the Pharmacopœia, all the modern drugs and chemicals, and treat the patients according to the method of Charaka, there would be less work for the undertakers and fewer chronic invalids in the world."

Professor J. E. Royle, M.D., F.R., & L.S., Professor of Materia Medica, King's College, London, in his Essay on the antiquity of Hindu Medicine says—

"Being satisfied of the existence of these Sanskrit Medical works at a period antecedent to the Arabs, it would, no doubt, be interesting to know something more of their contents. The antiquity and independent origin of their Medicine display, I conceive, considerable merit, not only as showing that they had at an early period paid attention to what now constitute the several branches of medicine, but also they had discovered various kinds of remedies as well as modes of applying them. That many of these are of a valuable nature, we may readily be assured by looking at their Materia Medica, and our own obligations to it, as well as by remembering how recently some among them of old date, have been introduced into European practice as the smoking of Datura leaves in asthma, the prescribing of nux vomica in paralysis and dyspepsia. From the admixture, however, of much ignorance and absurdity with what is valuable, many will be apt to despise altogether the medicine of the East, but if it be recollected how long in Europe prevailed the influence of Galen, and how many absurd formulae still figure in some continental pharmacopœia as also how comparatively recent is the time since our own was so greatly improved, some feeling of humiliation will control the pride with which we now view these medical sciences."

جوابات *

(ا) بقلم جناب حکیم محمد غوث صاحب بہادر غیاث ۔ مدراس *

ا ــــ مین یوناني طریقہ طبابت کا مجوز ہون جسکا مجھے ذاتي تجربہ ہي - آیرویدک طریقہ سے مجھہ وقفیت نہین *

۲ ــــ یوناني طریقہ طبابت کے مطابق اسباب بیماري کے قیاسي توجیہات نبض و قارورہ و معائنہ مریض سے تعلق رکھتے ہین اور انہین چیزون کے دیکھنے کے بعد یوناني طبیب اپني رائے بیماري کے متعلق قایم کرتا ہي *

جدید علم سے جو رائے قائم ہوي ہي مجھے اسکا علم نہین اس لئے مین اس باب مین اپنا خیال ظاہر نہین کرسکتا *

نبض کي رفتار چند قسم کي ہوتي ہي اور ہر ایک قسم ایک خاص کیفیت مزاج پر دلالت کرتي ہي ـ پس نبض پر ہاتھہ رکھنے سے اور ساتھہ ھي قارورہ کے رنگ و قوام و رسوب کے معائنہ سے بیمار کي سوئے مزاجي ظاہر ہوجاتي ہي - طبیعت مین کون سے خلط کا غلبہ ہي اور کونسا عضو ماؤف و صدمہ رسیدہ ہي - فيالفور مشخص ہوجاتا ہي - اور اس تشخیص کے بعد معالجہ شروع کیا جاتا ہي - معالجہ کا اصل اصول یہہ ہي کہ اولاً اخلاط کے فساد کو روکا جائے - غذا اور دوا ہر دو سے اور دوا مین پہلے مفردات کا استعمال ہوتا ہي - اگر اس سے نتیجہ نہ نکلے تو مرکبات دئے جاتے ہین دوا کے ساتھہ غذا مین پرہیز کروانا یوناني طبابت کا فرض ہي - ایسے اغذیہ جن سے بیمار کے عوارضات کے بڑھہ جانیکا اندیشہ ہو بیمار کو ان سے باز رکھا جاتا ہي *

یوناني معالجہ کي عام تاثیر سب پر روشن ہي کہ سالہا سال سے یہہ معالجہ ہندوستان مین جاري رہا اور کڑوڑون بیمارون نے صعب ترین امراض سے اس علاج کي بدولت شفا پائي اور مین کم عمري سے میرے بزرگون کے پاس اسي فن میرہ مشغول رہا اور بعد شعور بذات خود اسوقت تک بھي یوناني معالجہ کرتا ہون اور مین طبیب خاص ہز ہینس نواب خیرالنسا بیگم صاحبہ قبلہ مرحومہ و مغفورہ جو اخیر رئیسہ کرناٹک تھے اور مرحوم پرنس آف آرکاٹ کا تھا - اب فيالحال حال پرنس آف آرکاٹ کا طبیب خاص ہون اور اس مدت مین خدا کے فضل سے صدہا بیمار امراض مختلفہ کے میرے ہاتھون صحت یاب ہوئے *

میرا خیال ضرور یہہ ہي کہ یوناني طریقہ علاج بہ نسبت دیگر طریقون کے زیادہ موثر ہي اس وجہ سے کہ یوناني ادویہ اگرچہ عام طور پر سریعالتاثیر نہین ہوتے تاہم ان کا اثر دیر تک اعضا پر باقي رہتا ہي اور کسي حال مین کوئي یوناني دوا ضرر رسان نہین ہوتي برعکس مصري و انگریزي ادویہ کے کہ ان کے استعمال سے عجالتاً یا تو نفع پہنچتا ہي یا نقصان اور در صورت ثاني چونکہ دوا اصل دارو کي روح یا جوہر سے تیار ہوتي ہي - لہذا اپني حدت سے اعضا کو ضعیف بنا دیتي ہی ان عیوب سے یوناني ادویہ مبرا ہین *

۳ ــــ مدراس ملکي طریقہ کے طبابت خانون کي حیثیت یہہ ہي کہ ہر ایک یوناني طبیب اپنے مکان پر مطب کرتا ہي اور ان مطب خانون مین معالجہ کا پورا پورا بندوبست نہین ہوسکتا - کیونکہ اطباء کا کام صرف نسخہ نویسي ہي اور کسي طرح کي آسایش کا سامان بیمار کے لئے وہان مہیا نہین کیا جاسکتا *

یوناني اطباء جراحي کے فن سے بالکل نا آشنا ہین اسلئے میري ذاتي رائے یہہ ہي کہ یوناني اطباء کے لئے ایک شاخ تعلیم فن جراحي کي بھي کھولي جائے

مین نہین جانتا کہ ملکي طریقون کے مطابق معالجہ اور طبي تعلیم کے لئے کیا بندوبست کیا گیا ہي *

جو لوگ کہ طبي مدرسہ کے اساتذہ ہونگے وہي لوگ طبابت خانے مین اطباء کے خدمات رکھینگے - چونکہ طبابت خانون کو مریض اکثر صبح مین آیا کرتے ہین - اس لئے طلبا بھي اس وقت وہان بلائے جائین تاکہ اساتذہ کے روبرو طلباء امراض کي تشخیص کرین جس سے انہین بہت کچھہ ذاتي تجربہ حاصل ہوسکتا ہي اسصورت مین طلباء اطباء حاذق کي ذاتي رہبري مین رہ سکتے ہین *

۴ — مجھے اس تجویز سے اتفاق ہي کہ اساتذہ کو بطور خود طبي تحقیقات کرنیکا موقعہ دیا جائے مگر اس مقصد کے عنقریب حاصل ہونے مین چند دشواریان ہین جہان کہین طریقہ طبابت مین تحقیقات ہوے ہین وہ بعد انقضائے مدت دراز و صرف رقم کثیر و گوارگي زحمت و محنت ذاتي ہوئے ہین - پس ابتدائے تحقیقات مین ہمارے اطباء کو بھي بعض اوقات تکلیف سفرگوارا کرنا پڑیگا - اور فراہمي آلات امتحان کي ضرورت داعي ہوگي ان وجوہ سے میرے خیال مین حصول مقصد کا زمانہ دور ہي *

۵ — کلکتہ یونیورسٹي کمیشن کا مین ہم خیال نہین ہوسکتا - کیونکہ مشرقي و مغربي طریقۂ طبابت کے اصول مین باہمي تخالف ہي جسطرح اہل مغرب ہمارے قیاسي توجیہات کو بغیر کافي وجوہات کے مسترد کردیتے ہین اسي طرح ان کے بعض اصول کو ہم بھي روک سکتے ہین ان دونون مختلف طریقون کا اتحاد میرے خیال مین نا ممکن الوقوع ہي البتہ بعض فن کو مثل جراحي کے اپنے نصاب تعلیم مین داخل کرسکتے ہین جیسا کہ اوپر مذکور ہوا *

۶ — یوناني طبابت اختیار کرنے والون کو زبان فارسي سے وقفیت لازم ہي کیونکہ اکثر طبي کتب عربي و فارسي زبانون هي مین لکھے گئے ہین لہذا طالب العلم کو ابتداء فارسي اس حد تک پڑہائي جائے کہ اسکو طبي کتب پڑہکر سمجھنے کي استعداد حاصل ہو *

۷ — ملکي طریقہ طبابت مغربي طریقہ کے مقابلہ مین بیشک ارزان ہي کیونکہ مغربي ادویہ ممالک دور و دراز سے منگوائے جانیکے باعث گران بہا ہوتے ہین اور آلات امتحاني کي بہم رساني مین بھي صرفہ کثیر لازم آتا ہي - یہہ امور یوناني طریقہ مین بذریعہ نبض و قارورہ آساني سے دریافت ہوجاسکتے ہین *

۸ — طبابت کے ملکي طریقون کے گھٹنے کي بڑي وجہ یہہ ہوي کہ سرکار نے جابجا شفا خانے کھولدئے جہان بیمارون کو دوا مفت دئے جانے کے علاوہ انکي خوراکي و بود باش و دیگر آسایشات کا انتظام ہونے لگا - اور عمل جراحي کي کامیابي نے مریضون کو سرکاري شفا خانون کي طرف اور بھي مائل کیا - پس ان شفا خانون کے مقابل مین طبابت خانے نظر انداز ہوگئے دوبارہ انہین جان بھرنے کي تجویز اسکے سوا اور کیا ہوسکتي ہي - کہ شہر مدراس و اضلاع مین متعدد یوناني طبابت خانے سرکاري امداد و اعانت کے ساتھہ کھولے جائین *

ان طبابت خانون کي بحالي اور تقویت کے لئے گورنمنٹ کو نصف اخراجات کا ذمہ دار ہونا پڑیگا اور باقي نصف شہر مدراس مین غیر سرکاري ذرایع سے اور اضلاع مین لوکل بورڈ سے وصول کیا جائے *

بسم اللہ *

(۲) بقلم جناب حکیم سید مصطفی صاحب بہادر - میسور *

۱ — میں خاص طور پر یونانی طبابت کا پیرو اور حامی ہون - لیکن ملک مین یونانی اور ویدک ہر دو دیسی علاجون کی تحریک کرتا ہون - کیونکہ ان دونون کی ملک کو ضرورت ہی - صدیون سے ملک اور اہل ملک مذکورۂ بالا علاجون سے واقف ہین - اور ان سے فائدہ حاصل کرتے رہے ہین - بلکہ طبیعتین ان سے اسقدر مانوس اور خو گرفتہ ہوگئی ہین کہ ان کے دوا اور کسی طریقۂ علاج سے مطمئن نہین ہوسکتین

میرا دعوی ہی کہ آج دنیا مین جسقدر طریقۂ علاج رایج ہین - ان سب مین یونانی ہی ایک ایسا بے ضرر طریقۂ علاج ہی کہ جس سے کبھی کسی ضرر کا احتمال نہین ہی - دوائین خوشرنگ ہونیکے علاوہ لذیذ بھی ہوتی ہین - اگر مریض کے مخالف دوا بھی دیدی جائے تب بھی کوئی اندیشناک نقصان نہین ہوتا

۲ — (a) بدن انسان اخلاط اربعہ سے مملو ہی - ان مین سے (ایک یا ایک سے زیادہ) مین کمی بیشی واقع ہونے یا بگاڑ پیدا ہوجانے سے انفعال الاعضاء مین جو نقص پیدا ہوتا ہی اسی کا نام بیماری ہی

یعنی اخلاط کا تغیر و تبدل سبب (یعنی موجب مرض) اور اسکے تاثیر سے انفعال الاعضاء (ایک یا ایک سے زیادہ) کا ناقص ہوجانا بیماری کہلاتا ہی

(b) دونون کلائیون پر ہاتھ کی تین انگلیون سے شریانون کی تڑپ سے دل کی انبساطی و انقباضی حالت کے معلوم کرنے اور اس سے دل کی قوت و عدم قوت - اور دیگر امراض قلبیہ کے جان لینے کا نام نبض شناسی ہی - نبض جسم انسانی کے ہر حصے پر (شریان پر ہاتھ رکھکے) دیکھی جاسکتی ہی چونکہ اور حصۂ جسم پر بے ضرورت ہاتھ لگانا اور خاصکر مریض اگر عورت ہو تو بالکل نا زیبا ہی لہذا کلائیون کو نباضی کے لئے منتخب کرلیا گیا یہان تک ڈاکٹری اور یونانی اصول متحد ہین - لیکن یونانیون نے قدم تحقیق اور بڑھایا اور سیکڑون بیمارون پر تجربہ کرکے خاص خاص مرضون کی خاص نبضین مقرر کین - مثلاً انہون نے ایک قسم کے مریضون کو لیا اور ان پر امتحان شروع کیا اور غور سے جانچا تو تمام ایسے مریضون کی نبضین جملہ حالات مین ایکسان اور مطابق پائین (ممکن ہی شاذ و نادر کچھہ کمی بیشی بھی ہو) مثلاً ذات الجنب کے بیشمار مریضون کا معاینہ کیا تو انکی نبضون مین ایک سی کیفیت پائی - پھر اس کے مناسب حال نام تجویز کیا - مثلاً ذات الجنب کے مریض کی نبض پر اگر ہاتھ دہرا جائے تو بس یہہ معلوم ہوگا کہ آرے کے دندانون پر ہاتھ پھر رہا ہی غرضکہ اسکی مناسبت پر اس قسم کی نبض کا نام رکھا گیا منشاری یعنی آرے کی دندانون کے مطابق

چنانچہ اسیطرح ہر ہر مرض کا تجربہ کیا اور ان نبضون کے نام مقرر کئے - اسیطرح دق - سل - اور صرع وغیرہ امراض کی نبضین قایم کین اور ان کے خاص علامات مقرر کئے جنکا جاننا مشق پر موقوف ہی چند دنون کی مشق اور تجربہ سب کچھہ بتا دیتا ہی جسطرح ستھیتس کوپ (آلہ صدر بین) ڈاکٹرون نے نکالا اور اسکو رایج کیا - لیکن اس سے کام لینا یا اسکے ذریعہ حالات اعضائے صدریہ کا معلوم کرنا کثرت کار اور مشق متواتر پر موقوف ہی اسی طرح ان نبضون سے مرضون کا پہچان لینا بھی تجربہ اور مشق پر موقوف ہی - اس علم پر ہمارے یہان مستقل رسالجات موجود ہین جن مین ان کے اصول نہایت تفصیل کے ساتھہ بتائے گئے ہین جن کے دیکھنے سے معلوم ہوسکتا ہی کہ یہہ بالکل مفید اور با اصول فن ہی *

اتنا اور عرض کرنا چاہتا ہون کہ اس علم کو عمل سے بہت بڑا تعلق ہی - جو شخص جتنا تجربہ پیدا کریگا اسکی معلومات مین اتنا ہی اضافہ ہوتا جائیگا - مثلاً نبض کے اقسام اسکی ماہیت اور جملہ قواعد و ضوابط کو ضبط ذہن کرلینے سے کوئی فایدہ نہ ہوگا جبتک اس علم کو عمل سے قوی نہ کیا جائے اور اسکے اسرار ونکات کو مدنظر رکھکے

مرضاء کي نبضون سے تطابق کرکے اپني معلومات اور يقين کو مضبوط نہ بنائين - جب طب يوناني زندہ تھي اور شاھي کے زمانے مين پرورش پا رہي تھي نباض و نبض شناس حکماکي کثرت تھي اب جبکہ کساد بازاري اور نا قدري ارباب زمانہ کي وجہ سے جہان اور علوم و فنون مٹ گئے وہين يہہ ضروري اور کار آمد چيز بھي مٹ گئي *

معالجہ کے متعلق اوپر بھي کہ آيا ہون کہ افعال الاعضاء مين سے (ايک يا ايک سے زيادہ) کے بگاڑ اور ذمي بيشي کا نام بيماري ہي - اور جس سبب سے افعال الاعضاء مين يہہ نقص پيدا ہوا ہو اسکے رفع کرديذ کو علاج کہتے ہين - يوناني طريقہ کو علاج بالضد کہتے ہين يعني برودت کا علاج گرمي سے اور خشکي کا رطوبت سے کيا جاتا ہي - مثلاً کسي کي نيند کثرت بيداري يا کثرت مطالعہ سے اچٹ جائے اور باوجود کوشش نيند نہ آئے تو يوناني طبيب اسے يبوست دماغ قرار دیکے رطوبت و طراوت افزا اجزاء سے اس کا علاج کريگا مثلاً روغن خشخاش و روغن بنفشہ و بادام کي تدہين کروائيگا اور مرطوب حريرہ جات اور رطوبت افزا غذائين کھلائيگا جن سے يبوست دماغ دفع ہوکر نيند آنے لگيگي *

يا اگر کسي شخص کے سر مين درد ہونے لگے اور اسکا سبب اس نے بتلايا کہ تمازت آفتاب مين محنت شاقہ کي ہي تو ہم اس عارضي حرارت (اجتماع خون در دماغ) کو فنا کرنے کي تدبير کرينگے يعني شربت نيلوفر يا شربت صندل داخلي طور پر اور سر پر تدہين ادہان باردہ تجويز کرينگے جس سے موجودہ تکليف رفع ہوجائيگي *

غرضکہ يوناني طريقۂ علاج بالکل فطرتي اصول پر مبني ہي - يوناني ادويہ لذيذ اور خوش ذايقہ ہوتي ہين - ان سے کسي قسم کا ضرر يا نقصان ہرگز نہين ہوتا - يہہ صفات اورون کے يہان عنقا ہين *

(c) بيشک ہمارا خيال ہي اور بالکل صحيح اور واقعات پر مبني ہي کہ ملکي طريقۂ علاج اور علاجون کي بہ نسبت سريع التاثير ہي اور اکثر امراض مين ہمارا طريقہ علاج کامياب ہوتا ہي مثلاً جملہ امراض خوني و سودائي (خلط سودا سے ڈاکٹرون کو انکار ہي) جملہ امراض حارہ - جذام - آتشک - برص - جيسے امراض صعب ولا علاج کا مداوا کرنا ديسي طبون کا خاصہ ہي امراض خبايث - بواسير اور ذيابيطس مين بھي ہم حيرت انگيز علاجات کرتے ہين - سرطان - مرگي - امراض باہ - سل - دق وغيرہ کا علاج بھي طب جديد کے پاس نہين ہي - بلکہ ان امراض مين ڈاکٹري علاج جن جن کا ہوا ہي انکي حالت پہلے سے بھي بدتر ہوگئي ہي ہم ہروقت ثبوت دينے کے لئے تيار ہين - سب سے زبردست ثبوت تجربہ اور مشاہدہ ہي اگر کميٹي منظور فرمائے تو نامبردہ امراض مين سے کسي ايک مرض کے ۲۵ - ۲۵ مريض فريقين کے حوالے کرکے نتيجہ ديکھہ ليا جائے *

اب ديکھنا يہہ ہي کہ ان امراض مين ڈاکٹري دوائين کس وجہ سے مفيد نہين ہوتين ڈاکٹري دوائين گرم اور خشک ہوا کرتي ہين - يورپ کي آب ہوا کے مطابق تيار کيگئي ہين - جنکے لئے تيار کي گئي ہين ان کا طرز معاشرت ماکول و مشروب اور طريق بود و باش ہم سے جداگانہ ہين - پھر ايسي دوائين اہل ہند کو کيسے مفيد ہوسکتي ہين - عموماً ہندوستان گرم اور اسکا غالب حصہ گرم و خشک ہي - اہل ہند کے مزاج اور عادات وغيرہ اہل يورپ سے مختلف ہين - اسکے علاوہ ڈاکٹري دوائين جو زہر - تکچر - تيز عرقيات اور تيزابي نمک - بيشتر حصہ سمي ہونے کي وجہ سے اہل ہند کے بعض نازک اور حار امزجہ مين سم قاتل کا حکم رکھتي ہين *

ڈاکٹر دواؤن کي استعمال سے روز بروز اہل ہند کے قوي غارت ہو رہہ ہين - ان کي نسلين کمزور بلکہ تباہ ہو رہي ہين - انہين دواؤن کي برکت سے سل و دق کي کثرت ہوگئي - جريان - سرعت اور احتلام - ذيابيطس - سرطان وغيرہ کے عارضے ترقي کرگئے *

فولاد کے مرکبات سے جريان - سرعت وغيرہ - سنکھيا کي بھرمار سے ذيابيطس سرطان وغيرہ نے زور باندھا - کچلہ - بھنگ وغيرہ کے استعمال سے يبوست پيدا ہوتي گئي *

ہم اپنے ادعا کے ثبوت مين مختصراً چند امور کا ذکر کرتے ہين جنکو مد نظر رکھکے ارباب بينش ہمارے بيان کي تائيد مين ہم آہنگ ہوسکين *

ڈاکٹري ادويات مين كثرت سے استعمال ہونے والي دواؤن مين سے کونين اول درجه
ار ہاي - ہر ڈاکٹر اس کا کثرت سے استعمال کرتا ہاي بلکه ڈاکٹرون سے گزرکر عوام تک
پس کے نام سے واقف ہين بلکه اسکو بطور خود بهي استعمال کرتے ہين *

ڈاکٹر اسکو عام طور پر بخارون مين استعمال کرتے ہين - اسکا مزاج گرم و خشک ہاي -
يونان مين اگلے زمانے مين جس کسي مجرم کو نہايت تکليف سے مارنا ہوتا تها تو اسے
سنکونا (اسي سے کونين حاصل کي جاتي ہاي) کي چهال کوٹ کر اس کا جوشانده برابر پلايا
جاتا تها جس سے چند دنون مين يہه مجرم کثرت يبوست سے طرح طرح کي تکاليف
مين مبتلا ہوکے مرجاتا تها - چنانچه آج بهي ڈاکٹر اسے سمن مفرحا (غير طبعي موٹاپه)
مين استعمال کرتے ہين اگر کسي کي توند نکلي ہوئي ہو تو بلا تکلف ڈاکٹر اسکو کهانيکي
ترغيب ديتے ہين - غرضکه اکثر امراض مين اسے آنکهه بند کرکے کهلايا کرتے ہين - چنانچه
ڈاکٹرون کے کهنے سننے سے سرکار نے ڈاکخانون مين بهي اسکي فروخت کا انتظام کر رکها
ہاي - کوچه به کوچه ده به ده اسکو لوگ خريد رہے ہين - اور کهاتے ہين - اسکا مزاج گرم
و خشک ہونے کي وجه سے ہندوستانيون کے لئے سم قاتل کا حکم رکهتي ہاي *

مليريا وغيره بخارون مين ڈاکٹر ۶ سے ۲۰ گرين تک مهينون کهلايا کرتے ہين
چنانچه راقم‌الحروف نے کئي ايسے مريضون کو ديکها ہاي جنکا چہره زرد اور مرجهايا ہوا
تها - نتهنے خشک - پياس کي شدت - بيخوابي - سرعت انزال کا عارضي لاحق تها - کانون
کو مطلق سنائي نہين ديتا تها بلکه کانون مين مائين مائين کي آوازون نے ناطقه بند کر
رکها تها - بهوک بهي بالکل بند تهي - شديد قبض بهي تها - بعضون کو سوزش امعا کي
وجه سے اسهال - بعضون کو حدت جگر کي وجه سے پيشاب بند اور قليل مقدار مين سرخ
آتا تها - بعضون کو سوزش معده کي وجه سے قئ ہوتي تهي - اس حالت مين بهي ڈاکٹر
يہي ہدايت کرتے تهے که تم برابر آنکهه بند کرکے کونين پهانکے جاؤ يہه سب علامت اور
تکاليف کوئنانيزم کي وجه سے ہين *

اس دوا نے واقعي ہندوستان مين بہت برا اثر ڈالا - بصارت - سماعت - وغيره کو
شديد صدمه پهونچتا ہاي - اس سے ہندوستان کا غالب حصه تباه ہو رہا ہاي - جب ڈاکٹري
ادويات کے طفيل بجائے ازدياد صحت و حفظ قوت اعضائے رئيسه - صحت کو اور نقصان
پهونچ رہا ہاي تو ايسے دايمي مريض - عليل و رنجور اشخاص کي اولاد کي کيا حالت ہوگي -
لا محاله وه بهي کمزور دبلي پتلي - مکروه اور ناقص‌القوي پيدا ہوگي - يون گويا روز بروز
ہندوستاني قواي کمزور ہو رہے ہين - انکي نسلين برباد ہو رہاي ہين - ليکن افسوس يہه
ہاي که ہم مطلق ان افسوس ناک واقعات سے سبق نہين ليتے - يورپ کي اندهي تقليد -
ولايتي ادويه کي ظاہري خوبصورتي - اور ڈاکٹرون کي وجاہت ظاہري نے ہماري آنکهون پر
غفلت کا پرده ڈال رکها ہاي *

اسي سلسلے مين ايک بات اور عرض کرنا ہاي وه يہه که بعض امراض مين ڈاکٹري
ادويات کسلئے فائده نہين کرتين اور ملکي طريقئه علاج کيونکر کامياب ثابت ہوا کرتا ہاي *

ڈاکٹري ادويات امزجه و کيفيات اربعه کا لحاظ نہين کرتين يعني ان ادويات کے
استعمال کے لئے اس رعايت کي ضرورت نہين سمجهتے - مثلاً اگر کوئي تپ محرقه مين
مبتلا ہي ڈاکٹر اسے برابر کونين ديا کرينگے - حالانکه اسے سخت ضرر دريگي - ايک شخص ضعف
جگر مين مبتلا ہاي تو اسے فولاد کے مرکبات دئے جائينگے - حالانکه اسکا مزاج بالکل
حار ہاي وه ہرگز اس گرم و خشک شئ کا متحمل نہين ہوسکتا بجائے اس سے فائده
حاصل کرنيکے شديد تکاليف مين محصور و گرفتار ہوگا - يونانيون کے يہان ان امور کا خاص
طور پر لحاظ رکها جاتا ہاي جس عضو مين يا اسکے فعل مين جس قسم کا نقص پايا
جائيگا مذکوره بالا رعايات کو مرعي رکهکے دور کيا جائيگا - چونکه يہه طريقئه علاج بالکل
منشائے فطرت اور تخليق جسم انساني کے عين مطابق ہاي بالکل بے ضرر طريق پر فوري
نفع بخش اور سودمند ہوتا ہاي - علاج بالضد ايک ايسا طريقه ہاي جس سے سہل تر اور
عمده و يقيني علاج دنيا مين ناپيد ہاي *

اس بحث کے متعلق اور امور سوال نمبر ۵ کي تحت مین بیان کئے جائینگے *

۳ — (a) مین گورنمنٹ یوناني ڈسپنسري (ریاست میسور) کا سینڈر حکیم ہون جہان یوناني طریق پر مرضاء کا علاج کیا جاتا ہي *

(b) اس تحت مین جو کچھہ عرض کرونگا - اس سے یہہ مطلب نہ نکالا جائے کہ مین طرفداري کر رہا ہون - جو بیان کرونگا اس مین اصلیت ضرور ہي - اگر کسي کو شک ہو با آساني باور کرایا جاسکتا ہي *

(۱) ضرورت کے لحاظ سے موجودہ طبابت خانے غنیمت ہین - اور ان کا وجود ملک کو ازبس ضروري ہي - ہان رفتار زمانہ اور اسکي ترقیون پر نظر کرتے ہوے یہہ طبابت خانے بہت کچھہ اصلاح طلب ہین - اسکا علاج بھي بہت آسان ہي - صرف روپیہ درکار ہي - باقي سب کچھہ ہوسکتا ہي *

اگر آج دیسی شفاخانون کو امتحاناً گورنمنٹ عالیہ (صرف ٦ ماہ کے لئے) بند کروادے تو پھر اسے نظر آئیگا کہ ان کي وجہ سے مخلوق کو کسقدر آسایش تھي - اور خلق خدا کي جانون کي اہم ذمہ داري کس ایثار کے ساتھہ انھون نے لے رکھي تھي *

انفلو ینزا کے زمانے مین اگر دیسي طبیب سرکار عالیہ کا ہاتھہ نہ بٹاتے تو آج ہندوستان مین جسقدر آبادي ہي اس کا ١/٤ حصہ نذر اجل ہوگیا ہوتا - بلکہ اس معرکہ عظیم اور داروگیر عرصۂ قضا و قدر مین میدان دیسي طبیبون کے ہاتھہ رہا - ہندوستان کے ہر حصے سے اسکي تصدیق ہوسکتي ہي - ڈاکٹرون کے پاس دواؤن کا خزانہ خالي تھا - اور بوجہ جنگ عظیم یورپ سے دواؤن کي روانگي بند تھي - ایسے وقت مین جبکہ خود ڈاکٹر اپني روشنئ طبع سے کوئي تجویز علاج معالجہ کي نکالنے سے قاصر تھے - اگر دیسي طبیب کمر ہمت چست کرکے موقع پر کام نہ کرتے تو اسکا جو انجام ہوتا نہایت افسوس ناک ہوتا *

اگر ان شفا خانون کو سرکار بند کروادے تو ڈسپنسریون کي تعداد مین ٦ گنا اضافہ کرنا پڑیگا - اور جملہ لوازمات مین اسی مناسبت سے ایزادي کرنا پڑیگي - پھر بھي کمي باقي رہ جائیگي - غرضکہ ضرورت کے لحاظ سے شفا خانے اطمینان بخش نتایج دکھا رہے ہین - لہذا ان کو رونق دینا اور جملہ امور مین فیاضانہ طور پر دستگیري کرنا سرکار عالیہ کي عنایت پر منحصر ہي تشفي بخش معالجہ اسي وقت ہوسکتا ہي جبکہ ادویہ کا ذخیرہ کافي طور پر موجود ہو - اسباب و آلات ادویہ سازي کي کمي نہ ہو اور دیگر لوازمات جن کي ضرورت ہوتي ہي خاطر خواہ میسر ہون *

آپ پر واضح ہي کہ ان چیزون کي بہم رسي سوائے روپیہ کے میسر نہین ہوسکتي - بخلاف ڈاکٹرون کے دیسي طبیب متوکلانہ زندگي بسر کرتا ہي وہ صرف خدا کے رحم و کرم پھر بھروسہ کرکے مرضاء کي خدمت کرتا ہي - بعد صحت یابي اگر کوئي مریض کچھہ دیدے تو اسي کو صبر و شکر کا دامن پھیلا کے لے لیتا ہي - بخلاف ان کے ڈاکٹرون کو سرکاري بیش قرار تنخواہین ملتي ہین - ادویہ کا انتظام سرکار عطا کرتي ہي - اور جملہ لوازمات و آلات بھي بے دریغ ان کے ہاتھون مین دے دیتي ہي پھر کیونکر ڈاکٹر صاحب عالي حوصلگي نہ دکھائین *

دیسي دواخانون کو سرکاري ڈسپنسریون سے کوئي نسبت نہین ہوسکتي - دیسي طبابت خانہ شخصي ہمت کا نمونہ ہوتا ہي اور سرکاري ڈسپنسري گورنمنٹ کي فیاضانہ سخاوت کا ثبوت - غرضکہ اس بے مایگي کي حالت مین بھی دیسي حکیم جو خدمت قوم اور ملک کي کررہا ہي وہ اکثر سرکاري ڈسپنسریون سے بدرجہا بڑھکر ہي اور سوائے ہندوستان کے دنیا کے کسي اور خطہ ملک مین اسکي نظیر نہین ہي *

(۲) طبي تعلیم کے مرکزون کے متعلق بھي مین وہي عرض کرنا چاہتا ہون جو دیسي طبابت خانون کے متعلق اوپر کہہ آیا ہون - اگر گورنمنٹ نئي درسگاہون کا انتظام کرے اور انکے مصارف خود اپنے ذمے لے تو آج انکي حالت سدھر سکتي ہي *

طبي تعليم کے جتنے مرکز ہین یہہ سب کے سب افراد قوم و ملک کي طرف سے قايم کئے گئے ہين - گورنمنٹ کا اس مين کچھہ حصہ نہين ہے - خير خواہان قوم کي طرف سے جسقدر ہوسکا وہ کر رہے ہين - ميرے خيال مين ہم لوگ منزل مقصود سے سينکڑون ميل پرے ہين - ہم کو از سرنو اپني تعليمي درسگاہون کا انتظام اور انکي شيرازہ بندي کرنا پڑيگي - اس کے لئے روپيہ کي ضرورت ہے *

(c) گورنمنٹ نے کوئي حصہ نہين ليا ہے طب يوناني و ويدک کے موت و حيات کے مسئلے پر اسنے ابتک کوئي توجہ نہين کي - انکي ترقي کے لئے کوئي جد و جہد نہين کي - جو کچھہ ہوا ہے شخصي کوششون سے ہوا ہے اور ہو رہا ہے - اس امر کو ملحوظ رکھکے اگر ديکھا جائے تو موجودہ انتظام پھول نہ سہي پھنکڑي سہي کے مطابق غنيمت ہے - ليکن اس فن کي عظمت و جلالت پر نظر کرتے ہوے مايوسي کے ساتھہ کہنا پڑتا ہے کچھہ نہين - بلکہ اسکے اظہار حال سے بھي ندامت دامنگير ہوتي ہے -

اسکا تدارک يون ہوسکتا ہے کہ گورنمنٹ پہلے ديسي طبيبون اور ديسي طبون کے حقوق جديد علم کے برابر قرار دے لے - اور انکو علمي و عملي حيثيت سے وہي درجہ مرحمت فرمائے جو آجکل الوپتھک کا ہے تو يہہ نقص با آساني دور ہوسکتا ہے - کيونکہ اسصورت مين گورنمنٹ پر فرض ہوجائيگا - کہ ہر طرح کي مالي امداد دے بلکہ اپنے مصارف اور نگراني سے ڈسپنسريون کي تعداد کے مطابق ديسي طبابت خانے قايم کرے - اور حکيمون کو دوش بدوش کام کرنيکا موقع عطا کرے - يون آپس کي کشمکش سے ايک فريق کو دوسرے پر سبقت ليجانے کي بالطبع خواہش پيدا ہوگي اور ہر شخص اپنے اپنے کمال مين ترقي کريگا - ميرے خيال مين اس کشمکش کے نتايج بالکل قيمتي ہونگے - اور پبلک کو اب سے بدرجہا زيادہ نفع پہنچيگا *

عدم اکتفا صرف بے مايگي کي وجہ سے ہے ايسے کام صرف دو باتون سے چلا کرتے ہين - يا تو پبلک کي فياضي سے - يا گورنمنٹ کي عنايت و سخاوت سے - پبلک مين اتني ہمت نہين ہے کہ وہ ايسے شفا خانون کا بذاتہ بندوبست کرکے مدت العمر انکو اعلي پيمانے پر چلاے باقي رہي گورنمنٹ تو اسکو ان امور کا دہيان نہين ہے *

يہہ صرف ديسي طبون کي مسيحانفسي ہے کہ باوجود اس ابتري وکس مپرسي کے الم مين بھي جي رہي ہين - اور اپنے وجود کو ابنائے عالم کے لئے ضروري ثابت کر رہي ہين - اس ناداري اور بے بضاعتي کے باوجود مخلوق کو ان سے قيمتي امداد مل رہي ہے *

بخلاف اسکے ڈاکٹري صرف گورنمنٹ کي امداد پر چل رہي ہے - اگر کسي کو اس مين شک ہو تو اسکو گورنمنٹ کي امداد سے صرف ٦ مہينون کے لئے محروم کروادے اور پھر نتيجہ ديکھہ لے - اور يہہ بھي ديکھہ لے کہ اس کا يہہ طمطراق اور موجودہ وجاہت اس کا کب تک ساتھہ ديتي ہے *

٤ — (a) مجھہ اس سوال کے ديکھنے سے بيحد خوشي ہوئي بلکہ اميد بندھہ گئي کہ يوناني طبابت کا ستارہ اب اوج کمال پر چمکنے کو ہے - کيونکہ کميٹي کے ارکان اور گورنمنٹ کي نظرين ديسي طبابت کي ضروريات تک پہونچ گئي ہين - اب کوئي دم مين مطلع اميد سے خورشيد مقاصد جلوہ گر ہوکے ہماري چشم مشتاق کو روشن کرديگا *

(١) بے شک اسکي اشد ضرورت ہے - بلکہ اسکے بغير تعليم مکمل نہين ہوسکتي *

(٢) مجھہ يہہ راے بھي پسند ہے - واقعي اسکي بھي ضرورت ہے *

(٣) مين اس تجويز سے بھي متفق ہون *

جہان تک مجھہ علم ہے يوناني درسگاہين (جو قابل ذکر اور توجہ کے لاحق ہين) حسب ذيل مقامات مين موجود ہين *

دہلي ...... آیورویدک اینڈ یوناني طبي کالج - اسکے سر پرست حکیم جناب اجمل خان صاحب (مسیح الملک) ہیں یہان کي تعلیمي حالت عمدہ اور انتظام با قاعدہ ہي - اور کسي سرکاري کالج سے کم نہین ہي *

لکھنؤ ...... تکمیل الطب ...... اسکے مہتمم حکیم جناب عبدالمجید صاحب فرزند جناب حکیم عبدالعزیز صاحب مرحوم ہین جو لکھنؤ بلکہ سارے ہند کے حکما مین چوٹي کے حکیم تھے اور جنکي مہاراجہ بروڈہ بیحد عزت اور قدرداني کرتے تھے *

اس درسگاہ مین عملي حصہ زبردست ہي - اور تعلیم صرف یوناني طبابت کي دي جاتي ہي - اسکے علاوہ پراکٹیکل طور پر سرجري بھي سکھلائي جاتي ہي *

ان کے علاوہ بھوپال مین مدرسۂ طبیہ آصفیہ - حیدرآباد دکن مین بھي درسگاہین ہین جنہان کي تعلیمي حالت سے نیازمند کو وقفیت نہین ہي *

میرے خیال مین لکھنؤ اور دہلي کي درسگاہین اس کام کے لئے بالکل موذون ہین اور یہہ لوگ پوري جد و جہد سے کام لے رہے ہین - ان کو اپني ضروریات کي پوري طرح خبر ہي - توجہ طلب امور کا خاص طور پر خیال ہي - وہ برابر غور کر رہے ہین کہ ان کو کیا کرنا چاہئے - اور کن کن شعبون مین کیا کمي ہي - اور اسي کا تدارک کیونکر ہونا چاہئے - یہہ لوگ (جلد یا دیر سے) علم جدید کے نقطۂ خیال کے مطابق گوہر مراد کو حاصل کرائینگے - اور اپني طب کو اس قابل بنا دینگے کہ کوئي نکتہ چین اسپر اعتراض نہ کرسکے *

(b) میرے خیال مین دنیا مین کوئي کام ایسا نہین ہي جو کوشش سے حاصل نہ ہو آج ہم لوگ ہمت کرین تو کل نتیجہ دکھا دیا جاسکتا ہي - سوال روپیہ کا ہي - اگر ہم مین کوئي کمي ہي تو وہ روپیہ کي ہي - علم موجود ہي - عمل موجود ہي - اہل علم کي بہتات ہي - کام کرنے والے لوگ موجود ہین - لیکن رونا اس بات کا ہي کہ ان سے کام لینے والا کوئي نہین ہي - روپیہ جو ہر ایک علمي انکشاف کي اصلي جان ہي نثار کرنے والا کوئي نہین ہي - غرضکہ اس کے متعلق مین سوال نمبر ۹ کي تحت مین مفصل بحث کرونگا *

۵ ــــ کلکتہ یونیورسٹي کا یہہ خیال عدم واقفیت اور اصولي لاعلمي پر مبني ہي - جو ہمارے نزدیک قابل و ثوق اور لایق تسلیم نہین ہي - وہ جس گنگا جمني یا دوغلي نسل والي طب کي توقع کر رہي ہي اس سے صحت انساني معرض خطر مین پڑجائیگي - ہم کلکتہ یونیورسٹي کي اس خواہش کو پورا کرنے کي غرض سے اپنے قدیمي فن کو محو و مسخ نہین کرسکتے - جو تجاویز وہ بتا رہي ہي اس سے معلوم ہوتا ہي کہ ایلو پتھک کي بھي وہ دوست نہین ہي - اگر اس تجویز پر عمل کیا گیا تو فقط طب یوناني هي کي مٹي پلید نہ ہوگي بلکہ ایلو پتھک پر بھي زوال آجائیگا - اور نتیجہ نہایت خطر ناک ہوگا *

معلوم ہوتا ہي کہ کلکتہ یونیورسٹي طب یوناني کے اصول سے بالکل نا واقف ہي - ہر ایک طب کے اصول جدا - طریقہ علاج جدا ہي - غرضکہ ان دونون طبون مین بعد المشرقین ہي *

کسي فن کو ترقي دینے کے لئے یہہ ضروري نہین ہي کہ اسکے اصول کو مٹا دیا جائے اور اسکي اصلي ہئیت کو بگاڑ کے کسي متغائر و متضاد فن طب مین جذب کردیا جائے *

جب تک ایلوپیتھک امزجہ اور اخلاط اربعہ کو تسلیم نہ کرے - وہ ہم سے کبھي مانوس نہین ہوسکتي *

کوئي علم و فن اوس وقت تک ترقي نہین کرسکتا جب تک وہ اپنے اصول و قواعد هي کے دائرے مین محفوظ نرہے ورنہ دنیا کا کوئي فن - کوئي زبان اور کوئي علمي انکشاف بر قرار نرہیگا *

ان اختلافات کو مد نظر رکھتے ہوے ہم کیونکر توقع رکھہ سکتے ہیں کہ ڈاکٹری اور یوناني کے باہمي جذب و اتحاد سے ایک مفید طریقہ علاج ہاتھہ آئیگا اور اس کا نتیجہ ہمارے حق میں مفید ہوگا - پہلے اصولي اختلاف کو رفع کریں پھر اتحاد کي تجاویز سوچیں - اسکے بغیر ع این خیال ست و محال ست و جنون - اب رهي یہہ بات کہ طبابت غربي ہر سال اپنے توجیہات طبیہ اور تجارت معمولہ کو بدل دیا کرتي ہي تو اسکي یہہ خام کاري اور غیر مکمل ہونے کي ایک بین دلیل ہي - اسي کے بیان سے یہہ ثابت ہوتا ہي کہ غربي طبابت کے دعاوي صرف زباني جمع خرچ پر مبني ہوتے ہیں ورنہ اس کي خامکاري کا یہہ عالم ہي کہ اسے ہر سال اپنے پچھلے تجارت اور کوششوں سے پیدا کي ہوئي کمائي کو برباد کردینا پڑتا ہي اور تسلیم کرنا پڑتا ہي کہ وہ جو کچھہ ابتک کرتے رہے بالکل لغو تھا - اور جن نسخ و تجاویز پر بھروسہ کرکے بندگان خدا کا علاج کرتے رہے ان سے اب وہ مطمئن نہیں ہیں - یہہ چال اور یہہ روش اوسي کو مبارک خدا ہم کو اس آفت سے بچائے اور اپنے علم و عمل پر استقامت کي توفیق عطا کرے *

طب یوناني کي ہزارہا پیٹنٹ ادویات قرابادینوں میں موجود ہیں جن میں از ابتدا تا این دم ذرا بھي ترمیم و تغیر کي ضرورت محسوس نہیں ہوئي - ڈاکٹر بیہم صاحب کي قبض کشا گولیاں سارے عالم میں مشہور ہوگئي ہیں لیکن در اصل وہ طب یوناني کے ایک معمولي نسخے سے ماخوذ ہیں *

اسکے علاوہ انوشدارو - اطریفل زماني - حب ایارج - جوارش شہریاران - سفوف طباشیر لعوق سپستان وغیرہ صدہا مرکبات موجود ہیں جن کے خواص و تاثیرات آج بھي وهي ہیں جو کتابوں میں لکھے ہوے ہیں ان میں مطلق فرق نہیں آیا - پھر کیا ضرورت ہي کہ سال بسال ہم ان کو بدلتے رہیں *

۲ ــــ میں اس رائے سے اختلاف نہیں کرتا کیونکہ علم شيء بہ از جہل شيء مشہور معقولہ ہي اور اسلامي شعار تو یہہ ہي کہ اطلبوالعلم ولو کان بالصین (علم کے لئے جدو جہد کرو اگر وہ چین میں میسر آتا ہو) *

میں ذیل میں ان مضامین کے متعلق بحث کرتا ہوں جنسے ہمیں فائدے کي توقع ہي *

(۱) اناتومي .... یہہ ایک ضروري اور کار آمد چیز ہي اسکي تعلیم ضروري ہي - بلکہ اسکے بغیر کوئي حکیم یا ڈاکٹر اپنے فن میں مکمل نہیں ہوسکتا - لیکن یہہ ملحوظ رہے کہ ڈاکٹر جس طومار کو پڑھاتے ہیں اسکي ہمیں ضرورت نہیں ہي - کیونکہ طالب العلم کالج کي چار دیواري سے قدم باہر دھرتے ھي اس میں سے ایک حرف بھي یاد نہیں رہتا - ایسے تطویل بیجا سے ہمیں کیا حاصل ہوگا - البتہ اس کا ملخص یعنے ضروري اختصار کرکے طلباء کو پڑھایا جائے جو بالکل کار آمد اور قابل حفظ کرنے کے ہو *

(۲) فزیا لوجي .... ضروري چیز ہي - لیکن اسکے متعلق بھي اناتومي والي رعایت ملحوظ خاطر رہے - ہرچہ گیرید مختصر گیرید - پر عمل در آمد کرنا چاہئے *

(۳) پتھا لوجي .... ہم کو ڈاکٹري علم الا مراض کا پڑھنا اوس وقت نفع بخش ہوسکتا ہي جبکہ اس سے عملي طور پر بھي کام لیں - ورنہ صرف پڑھہ لینے سے کوئي فایدہ نہیں ہوسکتا - مثلاً اگر کوئي شخص علم سرجري کو پڑھہ لے لیکن عملي کام مطلق نہ جانتا ہوتو اسکے لئے صرف پڑھہ لینا کیا کار آمد ہوسکتا ہي *

ہاں وسعت معلومات کے خیال سے آپ اتنا کرسکتے ہیں کہ جو اختلافات ڈاکٹري اور یوناني میں موجود ہیں - ان سے طالب العلموں کو واقف کرادیں - اور اپني رائے سے آگاہ بھي کردیں کہ کون فریق حق پر ہي *

(۴) بیاکٹریا لوجي ...... ڈاکٹروں کو اس علم کا فضول وہم ہوگیا ہي - اسپر جس قدر توجہ اور جس قدر وقت اور روپیہ صرف کیا جا رہا ہي حقیقتاً اتني اہمیت دینے کا یہہ علم سزا وار نہیں ہي *

(۵) سرجري ...... ڈاکٹري کے جملہ مضامين پر ميں اسے ترجيح ديتا ہون - اس علم کي طبيبون کو اشد ضرورت ہي - بلکہ ميرے خيال سے کسي طبيب کو اسکي تعليم و تربيت سے غافل نہين رہنا چاہئے - اگرچہ يہہ فن بھي ہمارا ھي ايجاد کردہ ہي - چنانچہ آج بھي اس فن کي کئي کتابين زبان عربي مين موجود ہين - چنانچہ زہراوي (عربي زبان مين) لکھي ہوئي موجود ہي جس مين ۲۱ سوآلات جراحي کي حقيقت مع تصاوير بيان کي گئي ہي - يہہ کتاب کتب خانہ خان بہادر جناب خدا بخش صاحب مرحوم بانکي پور (پٹنہ) مين موجود ہي - جسے ہر شخص ديکھہ سکتا ہي *

جراحي کي عملي استعداد ہر طالب مين پيدا کرني چاہئے صرف طوطے کي طرح رٹوا دينے سے کچھہ نتيجہ نہ ہوگا بلکہ عمر برباد جائيگي - اس شعبہ علم پر جس قدر زور ديا جائے ميري رائے مين کم ہي *

مين اوس مبارک زمانے کو اپني آنکھہ سے ديکھنا چاہتا ہون جبکہ طبيب بھي ڈاکٹرون کي طرح سرجري مين يد طولي پيدا کرين - اور ان کے دوش بدوش کام کرکے مخلوق کي خدمت کرين اور انکو فايدہ پھونچائين *

پروگرسيو اسٹانڈرز کے متعلق ميري رائے يہہ ہي کہ خالص يوناني تعليم کے ہمراہ ڈاکٹري کے خاص خاص مضامين جو ہمارے لئے کار آمد اور مفيد ہون شامل کرائے جائين اور جو کورس بنايا جائے زمانہ حال کي ضروريات کے لحاظ سے مکمل ہونا چاہئے - حسب ذيل مضامين ضرور داخل کورس کئے جائين *

(۱) کليات .... اصول و قواعد طب يوناني - اسکے ساتھہ ساتھہ جہان ڈاکٹري اصول سے اختلاف ہي دکھا ديا جائے - اور اس امر کو واضح کرديا جائے کہ وجود اختلاف کيا ہي - اور کس وجہ سے يا غلط فہمي سے يہہ اختلاف پيدا ہوا - اور دونون مين کون طريقہ اسلم ہي *

(۲) معالجات طب يوناني .... بالکل جديد اصول کے ساتھہ لکھي جائين - اور طب جديد سے جہان جہان اختلاف واقع ہوتا ہي بتا ديا جائے *

(۳) علم حفظ صحت .... آج تک جتني کتابين اس موضوع پر لکھي گئي ہين ان مين سے ايک بھي ايسي نہين ہي جس پر عملدر آمد کيا جاسکے - اگر ميرے بيان مين کسي کو کلام ہو تو يہہ صاحب ان کتابون پر عمل کرکے ہم کو دکھادين خواہ ڈاکٹري کتابين ہون خواہ يوناني سب مين يہہ نقص موجود ہي - حفظ صحت کے اصول ايسے ہونا چاہئے جنپر ہر امير و غريب بوڑھا اور بچہ عمل کرسکے - ورنہ صرف کتابون مين لکھہ رکھنے سے کيا فايدہ پھونچيگا - ميرے خيال مين اس علم مين بہت بڑي ترميم کي ضرورت ہي *

(۴) علم السموم .... يہہ علم اپنے مين بہت بڑي وسعت اور تطويل مضمر رکھتا ہي - زہر تين قسم کے ہوتے ہين - نباتاتي - مثلاً کچلہ - بچھناک وغيرہ جماداتي مثلاً سنکھيا - شنگرف وغيرہ حيواني مثلاً سانپ بچھو وغيرہ اس علم کے متعلق ايک بسيط کتاب جس مين ہر دو علوم کي تازہ معلومات موجود ہون تيار کيا جائے *

جو چيز زہر کے اثر کو باطل کردے وہ ترياق کہلاتي ہي - ايسے ترياق يونانيون کے يہان کثرت سے ہين اگرچہ اس علم کا بہت بڑا حصہ غارت ہوگيا ليکن آج بھي صدہا لوگ اسکے جاننے والے ہين - بازارون مين بھيک مانگنے والے تک ايسے شعبدے دکھلا کے اپنا پيٹ پالتے ہين - ايک شخص سيرون سنکھيا کھاليتا ہي اور اسے کچھہ نہين ہوتا - آخر يہہ کيونکر ممکن ہي - اسکے پاس اس کا ترياق موجود ہي وہ پہلے کھاليتا ہي پھر اسکے بعد منون سنکھيا کھا ليجئے کچھہ حرج نہ ہوتا - اسي طرح افيون - گانجا اور بھنگ سب منشيات اور سموم کے ترياق موجود ہين اس پريشان اور بکھري ہوئي معلومات

کو اکٹھا کرکے اس کتاب مدون لکھا جائے تاکہ جو دستورالعمل بنایا جائے اس سے مخلوق کي جانون کي حفاظت شرطیہ طور پر ہوسکے *

(٥) علم‌الادویہ .... اسکے متعلق بھي ایک جدید تصنیف درکار ہي ٣ - ٤ سو مفید مطلب ادویہ کے متعلق بالکل غور و پرداخت کے ساتھہ لکھي جائے جس مین مبالغہ کو بالکل دخل نہ دیا جائے *

(a) طالب‌العلمون کي لیاقتون کے متعلق یہہ عرض ہي کہ وہ بآساني ان کتابون کو سمجھہ سکین اور فارسي کي استعداد بھي خاصي ہو - عربي سے بھي بحد امکان واقف ہو کیونکہ آجکل اردو داني کے لئے ہر دو زبانون کي استعداد ضروري ہي - انگریزي زبان سے بھي بقدر ضرورت واقفیت ہوني چاہئے تاکہ انگریزي علوم کي اصطلاحین سمجھہ مین آسکین *

(b) کم از کم ٤ سال اور اعلیٰ تعلیم کے لئے ٦ سال مقرر کئے جائین - اس زمانے مین سرجري وغیرہ کي تعلیم بھي محسوب ہوگي - اور جملہ ضروریات بھي اسي مین شامل ہونگي - معلومات علوم جدیدہ بھي اسي مدت مین ختم کرادي جائے *

٧ — اگر اس رجسٹر سے یہي مطلب ہي کہ غیر سند یافتہ حکیم یا اہل طبیب (چاہئے ان کو معالجے کا تجربہ حاصل ہو) اس پیشہ سے محروم کردئے جائین - تو پہلے تعلیم یافتہ طبیب کافي مقدار مین پیدا کیجئے تاکہ انکي جگہہ پر یہہ لوگ کام کرسکین - اور مخلوق کو ان حکیمون کي موقوفي کي وجہ سے تکلیف نہ اٹھانا پڑے *

مانا کہ جاہل شخص کا کوئي کام مستحکم نہین ہوا کرتا اور با اصول کارروائي کرنے سے وہ قاصر ہوتا ہي - تاہم یہہ لوگ غریب طبقے کے افراد کے حق مین مسیحائي کرتے ہین - جن کو کوئي نہین پوچھتا - انکي یہہ مزاجداري کرتے ہین - جہان ٤ گھرون کا کوئي قصبہ ہي - صرف چند نفوس کے دم سے کوئي قریہ بسایا گیا ہي - وہان نہ آپ کے سند یافتہ حکیم کي رسائي ہي اور نہ سرکاري تنخواہ‌دار ڈاکٹر کبھي اس طرف جانکلتے ہین - سوائے خدا کے کوئي ان کا پرسان حال نہین ہوتا - ان حقیر ہستیون کا وجود دنیا کے لئے غنیمت ہوتا ہي - اگر یہہ لوگ نہ ہون تو دنیا کے بڑے بڑے کام رک رہین نہ آپ نے کوئي ان کي صحت کي قدر کي ہي اور نہ کوئي طریقہ حفظ صحت کا ان کو بہم پہونچایا گیا ہي - اور جو لوگ بطور خود ایسے کس مپرس اور بے وارث ہستیون کي صحت کي کفالت کر رہے ہین اپنے رجسٹریشن آکٹ سے ان کو بھي روک رہے ہین - کیا یہہ غضب نہین ہي - کیا اسے اندھیر نہین کہتے *

میرے خیال مین آپ کثرت سے قابل طبیب اور لایق حکیم تیار کرکے اقطار و جوانب عالم مین پھیلا دیجئے جب یہہ تعلیم یافتہ طبقہ اپنے کار نمایان سے ہلچل ڈال دیگا - اور اپنے علم و عمل سے دنیا پر ثابت کردیگا کہ یہہ لوگ بہترین خدمات بجا لا رہے ہین پھر تو ایک شخص بھي ایسا نہ ہوگا جو ان جاہل اور اناڑي حکیمون کے پاس علاج معالجہ کي غرض سے جائیگا *

جب یہہ لوگ دیکھہ لینگے کہ ان آتش کے پرکالون کے سامنے ہماري پیش نہین چلتي - اب ہمارے کامون کا کوئي قدر دان نہین ہي - خود بخود وہ اس پیشے سے کنارہ کشي ہوکے اور کوئي شغل پیدا کرلینگے *

جب ایک کام بغیر دقت کے خود بخود ہوسکتا ہي تو اسکے لئے خواہ مخواہ زحمتین اور اس طبقے کي ناگواري خاطر کس لئے گوارا کي جائے *

اگر آپ یہہ فرمائین کہ اس آکٹ کا یہہ منشاء نہین ہي صرف قابل طبیبون کے کے نام اس رجسٹر مین مندرج ہونگے - اور دوسرے عطائي لوگون کے کام مین بھي کوئي رکاوٹ نہ ڈالي جائیگي - تو اس سے فایدہ ھي کیا ہوا - اس بے نتیجہ کارروائي کے کرنے سے نہ کرنا ھي بھلا ہي *

آپ ان خیالات سے سردست درگزر کیجئے - آپ کا سب سے پہلا فرض یہہ ہونا چاہئے کہ قابل طبیبون کي ایک کثیر جماعت تیار کیجئے - اؤر ہر حصہ ملک مین ان کو اپنا کام کرنے دیجئے - بہت تھوڑي مدت گذرے ہوگي کہ آپ کا مقصد بالکل سہولت کے ساتھہ پورا ہوجائیگا - اؤر بغیر کسي دباؤ کے یہہ لوگ خود بخود اپنے پیشے سے کنارہ کشي ہوتے جائینگے اؤر رفتہ رفتہ یہہ تعلیم یافتہ طبقہ ہر حصہ ملک پر چھا جائیگا - اؤر یون گویا آپ اپني تدبیر مین کامیاب ہوجائینگے *

٨ — ہمارا دیسي علاج سہل الحصول اؤر ہر جگہ میسر آنے والا ہے - دیسي حکیم کسي جگہ مجبور نہین ہوتا - قصبات و دیہات مین بھي وہ اسي اہتمام سے علاج کرسکتا ہے جس طرح شہرون مین *

مقابلتہ ہمارا علاج ارزان ہے - دوائین بالکل سستي تیار ہوتي ہین - وجہ یہہ ہے کہ ہم اپنے ملکون کي پیداوار سے دوائین تیار کرتے ہین - جنگل کي جڑي بوٹیون کا جوہر اور عرق تیار کرتے ہین - غرضکہ کوئي چیز ہم کو باہر سے منگوانے کي ضرورت نہین پڑتي - دوائین بھي خود حکیم اؤر عطار تیار کرلیتے ہین *

بخلاف اسکے جملہ ڈاکٹري دوائین یورپ اؤر امریکہ سے آتي ہین - ان لوگون کو معلوم ہے کہ ڈاکٹر پیشہ لوگ ان کي دوائین خریدنے پر مجبور ہین - وہ یہہ بھي جانتے ہین کہ ڈاکٹر ان کے دست نگر ہین خود کچھہ بھي نہین کرسکتے کوئي - عرق - کوئي ست - کوئي جوہر اؤر کوئي مرکب تیار نہین کرسکتے - حتیٰ کہ فارمیسي (علم دوا سازي) سے بالکل بے بہرہ ہین - اگر یورپ و امریکہ سے بني بنائي دوائین آنا بند ہوجائین - یا وہ لوگ قصداً یا بائیکاٹ کے طور پر ایک سال یا کم از کم ٦ ماہ انڈیا کے مارکٹ مین اپنا مال نہ روانہ کرین تو نہ معلوم یہان کے ڈاکٹرون کي کیا درگت بنے - اؤر کس طریقہ سے علاج معالجہ کرین - ساري اسپتالون مین خاک اڑنے لگیگي اؤر ڈاکٹرون کو مجبوراً اسپتالون کو مقفل کرکے گھر مین گوشہ نشین ہونا پڑیگا *

اہل یورپ آتش کے پر کالے ہوتے ہین کیا یہہ کمزوریان ان سے پوشیدہ رہ سکتي ہین - جب انھون نے دیکھہ لیا کہ ڈاکٹرون نے ہماري اندھي تقلید مین گرفتار ہو کے خود کو تباہ کرلیا ہے - جس طرح بنے ہم ان کو لوٹ سکتے ہین اؤر جس کل چاہے بٹھا سکتے ہین - چنانچہ اپني معمولي معمولي دواؤن کي قیمت دس گني بلکہ بیس گني قیمتون پر فروخت کرتے ہین با وجود اس گران قیمتي کے ہمارے ڈاکٹر ان کو خرید کرنے پر مجبور ہین *

انہین حالات کو دیکھتے ہوے مہاراجہ صاحب بہادر گوالیار نے ڈاکٹرون کے متعلق ایک جلسہ عام مین کیا اچھي رائے ظاہر کي تھي - آپ نے فرمایا تھا —

> " ڈاکٹر مثل برج لوڈ بندوق کہ مشابہ ہین - اگر اس کے کارتوس ولایت سے بن کے نہ آئین تو یہہ بندوق بالکل بیکار ہے - لہذا دیسي جڑي بوٹیون سے مرضا کا علاج کرو جو خود رو طریق پر مثل گھاس پھوس کے پیدا ہوتي ہین * اؤر امراض کے قطع کرنے مین بے مثل اثر رکھتي ہین * "

ہز ہائي نس مہاراجہ گوالیار کا یہہ زرین قول بقراط کي اس وصیت سے ملتا جلتا ہے *

عالجوا کل مرض بعقا قیر ارضہا - یعني ہر مرض کا علاج اس سرزمین کي پیداوار (جڑي بوٹیون) سے کیا کرو - میري رائے مین کسیکو اس سے انکار نہین کیا جاسکتا *

ہمراڈس کیور .... ایک دوا ہے جو امریکہ سے ٹین کے ڈبون (تقریباً ٣ اونس) سفوف کي شکل مین دمے کے لئے تیار ہوکر آتي ہے - اسکي قیمت ساڑھے تین روپیہ لیجاتي ہے - اگر آپ اسے خود تیار کرلین تو آٹھہ آنے مین تیار ہوسکتي ہے اسي طرح

بیچم صاحب کي قبض کشا گولیان ایک ڈبیہ مین ۳۰ ہوتي ہین - اور سوا روپیہ مین ملتي ہین - اگر آپ ان کو بنانا چاہین تو اسي رقم مین ۳۰۰ گولیان تیار ہوتي ہین بلکہ ان سے بھي زیادہ *

دیسي ادویات کے سستي ہونے کا ایک اور ثبوت بھي آپ ہم سے لیجئے - اگر کوئي شخص نزلہ زکام - کھانسی - بخار - بد ہضمي یا پیچش غرضکہ کسي بیماري مین مبتلا ہوکے ڈاکٹر صاحب کے پاس جائے تو وہ نسخہ لکھکے حوالہ کردینگے - اور کھدینگے کہ فلان دوا خانے (فارمیسي) سے خرید کرلو - وہان ایک دن کے لئے اسکي قیمت کم از کم (۳ یا ۴ خوراکون کے لئے) چھہ انے لي جائیگي - پیچیدہ اور اہم بیماریون مین روپیہ دو روپیہ یومیہ تک نوبت آجاتي ہي بلکہ اس سے بھي زیادہ *

بخلاف اسکے انہین امراض کا دیسي طریق پر اگر علاج کرایا جائے تو دو تین پیسون سے زیادہ صرفہ نہ آئیگا - اگر ہمارے بیان مین کسی کو شک ہوتو امتحان کرکے اطمینان کرلین *

کونین سلفیٹ کي قیمت فی اونس ساڑھے تین روپیہ ہی - اگر ایسي مبلغ مین بخار کي کوئي دیسي دوا تیار کروائي جائے تو وزن مین اس سے دس گني زیادہ بنیگي - اور اگر ایک اونس کونین ۵۰ بیمارون کے لئے کفایت کرتي ہي - تو اس دیسي دوا سے ۲۰۰ بیمار چنگے ہوتے ہین *

اس سے انکار نہین کیا جاسکتا کہ ہمارے یہان بھي بعض قیمتي دوائین ہین اور ان کا برابر استعمال ہوتا رہتا ہي مثلاً مفرح اعظم - یا قوتي - جواہر مہرہ - وغیرہ - ایسي دوائین خاص خاص مواقع پر استعمال ہوا کرتي ہین - عام طور پر نہین - ایسي قیمتي ادویات ڈاکٹري مین بھي موجود ہین *

بعض بیماریان ایسي بھي ہین جن پر صرفہ بہت زیادہ آتا ہي مثلاً سل و دق - انہین امراض کا اگر ڈاکٹري علاج کرایا جائے تو ہزارون کي نوبت آجاتي ہي - اور نتیجہ کچھہ نہین نکلتا - مرض بحال بلکہ ترقي پکڑ جاتا ہي - یکے بربادئي زرو دیگر ہلاکت جان *

ایسے بیمارون کو ڈاکٹر ہدایت کرتے ہین کہ سانو توریم (نزہت گاہین جہان ایسے مریضون کے لئے خاص انتظام کیا جاتا ہي) کو لیجاؤ - مریض اور اس کا کوئي عزیز اور ایک دو ملازم ہمراہ جاتے ہین جانے اور آنے مین علاوہ زحمتون کے مصارف سفر ۵۰۰ سے تجاوز ہو جاتے ہین - اور اگر وہ وہان کم از کم ٦ مہینے اقامت کرین تو - ماہوار دو سؤ کے حساب سے خرچ ہوتا ہي غرضکہ تقریباً دو ہزار ہاتھہ سے نکل جاتے ہین - دواؤن کا خرچ انکے علاوہ ہي *

اگر ایسي مریض کو یوناني طریق پر علاج کرایا جائے تو دو چار سو سے زیادہ کسي حال مین صرف نہین ہوتا - اور نتیجہ بھي نسبتاً تشفي بخش ہوتا ہي *

غرضکہ دیسي علاج ہر پہلو سے تشفي بخش - ارزان اور اہل ہند کي نازک مزاجون کے بالکل موافق ہي *

۹ ـــ دیسي طبون پر زوال آنے کے صدہا اسباب ہین - ہم اس وقت ان سب سے قطع نظر کرکے صرف ایک سبب کا کچھہ حال قلمبند کرتے ہین جس کي صداقت سے کسي کو انکار نہین ہوسکتا *

دیسي طبون کا حریف ڈاکٹري کے سوا اور کوئي نہ تھا - گورنمنٹ نے اسکو ایسا فروغ دیا جسکي نظیر نہین مل سکتي - اس کو ہزارہا آلات اور سازو سامان سے مستعد بنایا - کڑوڑہا روپیون کے صرفے سے اسپتالین قایم کین اور ان کو جملہ سازو سامان اور آرایش ظاہري سے آراستہ و پیراستہ کیا - لکوکھا روپیون کي ادویہ سے ان کے گودام بھر دئے - ڈاکٹرون کے حقوق کي حد قایم کرکے ان کي حفاظت کي - ان کي تنخواہین زیادہ مقرر رکے حوصلہ افزائي کي *

دوسري طبون کو والله اعلم کس نيت سے کچھہ نہ ديا ان سے چشم پوشي کي - بلکہ کبھي اسکي طرف ايک نظر بھي نہ ڈالي - اس بے اعتنائي اور عدم امداد سے طبون کا رہاسہا وقار بھي گھٹ گيا - چونکہ دنيا اور اہل دنيا ظاہر بين ہوتے ہين - سب کي توجہ ان نئے طلسم خانون (اسپتالون) کي طرف منعطف ہوگئي - اس کساد بازاري اور نا قدر داني اہل زمانہ کے باوجود ديسي طبون کي ہستي آج تک باقي ہے - يھي ان کي صداقت کا اصلي راز ہے - اگر بجائے انکے ڈاکٹري ہوتي تو کب کي وہ مٹ چکي ہوتي - آج اس کو اس قدر عروج حاصل ہے - اگر گورنمنٹ ايک سال يا کم از کم ٦ مھينے کے لئے نظر عاطفت اسکي طرف سے پھيرلے تو اسکا کھين وجود بھي باقي نرہے - يھہ محض گورنمنٹ کي فياضي اور عنايت مخصوصہ کے طفيل جي رھي ہے *

غرضکہ جن نا گوار واقعات کو نہ ہونا چاہئے تھا وہ ہوچکے اب ان کا رونا رونے سے بھتر يھہ ہے کہ از سرنو کوشش کرکے انکي شيرازہ بندھي کي تدبير کرني چاہئے - اور ان کو پچھلي حالت پر پھونچانے کي تجاويز سوچني چاہئے *

ميرے خيال مين کميٹي کو حسب ذيل تجاويز پر عمل پيرا ہونے سے اپنے مقصد مين کاميابي کي اميد ہے *

(١) حکيمون اور ويدون کے حقوق کي حفاظت کرني چاہئے اور ان کو وھي حقوق اور پوزيشن مرحمت فرمائي جائے جو آجکل ڈاکٹرون کو حاصل ہے *

(٢) بڑي بڑي کتابون سے علم طب کے قواعد و ضوابط قابل لوگون سے منضبط کروائے جائين - اور ضروريات زمانہ کا لحاظ ان مين پوري طرح رکھا جائے - کليات - علم الادويہ اور معالجات کي کتابين بالکل تحقيق و تنقيد کے ساتھہ لکھوائي جائين جن مين مبالغہ يا غلط بياني کي رنگ آميزي مطلق نہ ہو - علم حفظ صحت کے اصول ايسے پيدا کئے جائين جو ہر کس و ناکس کے لئے قابل العمل ہون - يھہ کام کسي شخص واحد کے بس کا نھين ہے - قابل افراد کي ايک کميٹي اس کام کو انجام دے *

(٣) ہر ہر پرسيڈنسي مين کم ازکم ٣ کالج کھولے جائين جہان نئے انتظام کے مطابق علوم جديدہ کے ضروري مضامين کے ساتھہ يوناني تعليم ديجائے - سرجري کا عملي کام بھي سکھايا جائے - علم السموم کي ماہيت کرائي جائے - غرضکہ جملہ ضروريات سے واقفيت پيدا کرائي جائے - يہان کا فارغ التحصيل طالب العلم انگريزي کالجون کے اعلی سند يافتون کے دوش بدوش کام کرسکين *

ان کالجون کے لئے بيش قرار مشاہرون پر قابل لوگ پروفيسر بنائے جائين جو طب اور علوم جديدہ سے بوجہ احسن واقف ہون *

(٤) ان کالجون کے پاس شدہ طلبا - کے لئے گورنمنٹ اپنے خرچ سے شفا خانون کا انتظام کرے - اور ان کي حسب حيثيت تنخواہين ديکے ان کي حوصلہ افزائي کرے - ان تدابير سے چند سالون مين طب کو وہ فروغ حاصل ہوگا جس کے ديکھنے کو مشتاق آنکھين نجانے کب سے ترستي ہين *

(٥) سب سے پہلے کميٹي کا فرض اولين يھہ ہونا چاہئے کہ بکھرے ہوے جواہرات کو اکٹھا کرکے ايک خوشنما لڑي مين منسلک کرئے اور پھر اسے طب قديمہ کے زيب گلو کرے *

ميري مراد معالجات مجربہ و مصدقہ سے ہے - کسي شخص کے پاس بواسير کا عديم المثل علاج ہے وہ کسي کو نھين بتاتا ايک اور شخص ذيابيطس کے علاج سے واقف ہے وہ اسے اپنے سينے مين مقفل رکھنا چاہتا ہے - غرضکہ کسي کے پاس کوئي مجرب چيز ہے کسي کے پاس اور کچھہ ہے *

کميٹي ہر ضلع اور شہر کے حکما کے نام اس مضمون کے خطوط ارسال کرے کہ آپ کے ديس مين يا اطراف و جوانب مين اگر کوئي شخص کسي علاج کے لئے مشہور

ہوتو اس کا نام مع پتہ تحریر کیجئے - اور یہہ بھي لکھئے کس علاج میں اسکي شہرت ہي - ان تمام اطلاعات کو کمیٹي با قاعدہ درج رجسٹر کرتي رہے پھر ان لوگون سے خط وکتابت کرکے معاوضہ اور ہدیہ جس طرح بنے یہہ نسخہ جات حاصل کرکے ایک فارما کو پیا تدار کرائے جس سے بے انتہا فائدہ کي توقع ہي - اور علم طب کے بچے کھچے آثار تباھي سے بچ جائینگے - اب تک نہ معلوم کتنے ہزار مجربات تلف ہوگئے ہونگے - اور آج ان کے جاننے والے قبرون مین مدفون ہین *

۱۰ — اگر انجمنون یا افراد قوم مین اتني ہمت ہوتي تو پھر رونا ھي کس بات کا تھا لہذا اسکي توقع بے سود ہي اور اس سے در گزرھي اولي ہے *

چونکہ ضروریات اس قدر بڑھي ہوئي ہین کہ کسی ایک ذریعہ سے جو روپیہ حاصل ہوگا اس سے رفع ضروریات ہرگز نہین ہوسکتي - میرے خیال مین سرکار سے - لوکل بورڈون سے - یونیورسٹیون سے اور ان کے علاوہ کوئي اور ذریعہ ممکن ہوتو اس سے بھي ہم کو امداد ملني چاہئے ورنہ ہرگز کام نہ چلے گا - اور یہہ ساري تجاویز صرف کاغذون ھي مین دھري رہ جائینگي *

جس قدر روپیہ زیادہ فراہم ہوگا اسي قدر اس کام کی بنیاد مضبوط اور استوار ہوگي - گویا ہم کو تمام کام از سرنو کرنا پڑیگا - اس کا خیال ضرور رہے *

اگر گورنمنٹ ہماري پیش کردہ اسکیم کے مطابق کارروائي کرنے سے سردست قاصر ہي - تو صرف اتنا ھي کرے کہ بڑے بڑے شہرون مین ایک اسپتال اپنے خاص مصارف سے کھولے جن مین جملہ ضروریات طب یوناني کے اصول کے مطابق مہیا کئے جائین *

حکیمون اور جملہ ملازمین کے مصارف - ادویات اور کرایہ عمارت کا بار بھي گورنمنٹ اپنے ذمے لے - ایک دو سال ان لوگون کو کام کرنے کا موقع دیا جائے - پھر ان شفاخانون کے نتایج پر غور کرکے ان کو ترقي دے - بہر صورت ہم یہہ چاہتے ہین کہ ہم کو کام کرنے کا موقع دیا جائے *

یارب این آرزوئے من چہ خوش ست
تو بدین آرزو مرا برسان *

مدراس کي دیسي طبون کي کمیٹي کے سوال اور اسکے جواب *

بقلم جناب پنڈت ویدتھا کردت شرما صاحب بہادر - لاہور —

ایک سال ہوا جبکہ ۲۱ فبروري سنہ ۱۹۲۱ع کو مدراس کي لیجسلیٹو کونسل نے ایک ریزولیوشن اس مطلب کا پاس کیا کہ دیسي طبون کي حوصلہ افزائي کے واسطے گورنمنٹ کو جلدي ھي کوئي بندوبست کرنا چاہئے - اس رزولیوشن کي تعمیل مین گورنمنٹ نے ایک کمیٹي بنائي ہي جس کے اندر ڈاکٹر - طبیب - وئید رکھے گئے ہین کہ وہ تحقیقات کرکے رپورٹ کرین کہ ان طبون کي خوبیون کا اعتراف کرکے ترقي دینے کي ضرورت ہي یا نہین - اس کمیٹي کے سکرٹري ڈاکٹر سري نواس مورتي ہین - جنھون نے اس غرض کے واسطے ہندوستان مین دورہ لگایا ہي اور اب اس کانفرنس مین اسي غرض کے واسطے تشریف لائے ہین *

۱ — جو سوالات وہ پوچھنا چاہتے ہین مین نے ان کو پڑھا ہي - مین مختصراً انکا جواب دینے کي کوشش کرونگا سب سے اول مین ایک بات واضح کرنا چاہتا ہون - گورنمنٹ ہند یا لوکل گورنمنٹین دیسي طبون کي ترقي کیواسطے کچھہ بھي کرین اس کے واسطے کونسلون کے ممبران کوشش کرتے رہے - ہماري کانفرنس شروع سے درخواستین کرتي رھي مگر آجتک کچھہ نہین ہوا ہي - پنجاب گورنمنٹ نے میڈیکل کي توسیع کے واسطے پبلک

سے چندہ لیتے وقت اقرار کیا کہ وہ دیسی طبون کا بھی خیال رکھے گی مگر پیچھے کو کورا جواب ملا - یو - پی گورنمنٹ نے لکھنؤ میڈیکل کالج بناتے ایسا ھی اقرار کیا مگر اس و نہ نبھایا - جب لالہ سکھبیر سنگھ نے یہ کوشش کی کہ ایک کالج گورنمنٹ کی طرف سے دیسی طبون کے واسطے جاری کیا جاوے - تب اس کو گرا دیا گیا - خود مدراس کونسل نے آجتک کیا کیا ہمارے بزرگ پنڈت ڈی - گوپال چارلو آنور ویدک کا ایک سکول نہایت اعلیٰ طرح چلا رہے تھے گورنمنٹ نے ایک پیسہ کی مدد نہ کی - مدراس کی میڈیکل کونسل نے ھی کرشن سوامی ایر کو اس واسطے رجسٹر سے خارج کیا کہ وہ ایک ویدک شفا خانہ کا انتظام کیون کرتے ہین - بمبئ میڈیکل کونسل نے پونا میونسپل کمیٹی کی طرف سے جاری آیور ویدک ہسپتال کو بند کرنا چاہا - غرضیکہ اس وقت تک دیسی طبون کی مخالفت کر رہی ہین - کبھی ان کی خوبیون کا اعتراف نہین کیا گیا ہے - اگر کبھی کچھہ کیا تو اس طرح کہ دو ڈاکٹر مقرر کردو دیسی ادویات کی کھوج کرین - بمبئی گورنمنٹ نے بھی ایک دفعہ اسی طرح بھولے کونسلیون کو خوش کیا تھا - ان کو معلوم نہین کہ یہ دیسی طبون کی ترقی نہین بلکہ یہ تو براہ راست ڈاکٹری کی ترقی ہی - ڈاکٹر جو اچھی ادویات بھی ہمارے پاس ہین وہ اپنی طبابت مین داخل کرلین اور ہم تھن تھن گوپال کرین ادویات کی تحقیقات کرکے اچھی ادویات کو ڈاکٹری مین شامل کرانیے سے ہماری طبون کی ترقی نہین بلکہ نقصان ہی - اگر اس وقت بھی اس قسم کی غرض ہی اور آیور ویدک یا یونانی کا کوئی کالج وغیرہ کھول کر براہ راست دیسی طبون کی ترقی مد نظر نہین ہی تو گورنمنٹ تکلیف نہ کرے دیسی طبون کو اس حوصلہ افزائی کی ضرورت نہین ہی جیسے ہم چلتے ہین چلتے جاوینگے - درخواستین کرکے ہار گئے ہین اب اگر خدا اُٹھاویگا تو اپنے پاؤن اُٹھین گے - ملک کے اندر جگہہ بہ جگہہ اب دیسی طبون کے سکول و کالج قائم ہونے کی تیاریان ہو رہی ہین - اور ایک دن یہ طبین کس مپرسی کی حالت سے نکلکر پھر اپنا جلوہ دکھانے والی ہین

اور اگر سچ گورنمنٹ مدراس اب دل سے اپنی غلطی کو محسوس کرتی ہی کہ جس پبلک سے اس قدر روپیہ اسکو آتا ہی اس کی خواہشات کو بھی پورا کرے تو اہو بھاگ یا دن کا بھولا رات کو گھر آجاوے تو بھولا ہوا نہین ہی کاش کہ پنڈت ڈی - گوپال چارلو موجود ہوتے اور وہ اپنی آنکھون دیکھتے اور کانون سنتے کہ انکی کوششین بار ور ہو رہی ہین *

۲ — کمیٹی نے جن سوالات کی چھپی کاپی دی ہی اس کی تمہید مین یہ لکھا ہی کہ اپنی دلایل کی تائید مین ایسے ثبوت پیش کرنے چاہئین جو کہ جدید سائینس کے ماننے کے قابل ہون - اور یہ یاد رکھنا چاہئے کہ کسی کتاب کا حوالہ جو ان کے واسطے چاہئے کیسی ھی معتبر ہو نئ سائینس کہ ماننے کے قابل نہین ہوسکتا ہی - جب تک سائینٹفک طریقہ سے اس کو ثابت نہ کردیا جاوے *

یہ بات ہمارے لئے مشکل ہی ہم جانتے ہین کہ ایسی تھیوریان نہین بلکہ سچائیان ہین جن کو ہم انکی سائینس کے مطابق دلائل سے بیان نہ کرسکین مگر ان کو آزمایش کی کسوتی پر آنے سے ثابت ضرور کرسکتے ہین - موجودہ سائینس جس کا اتنا ناز ہی وہ ابھی تک ان باتون کو جان نہین سکتا ہی جو کہ ہمارے متقدمین لکھہ دئے ہین *

لیکس ہولر نے ایک جگہہ لکھا ہی کہ جہان ہماری سائینس ختم ہوتی ہی ہندؤن کی سائینس شروع ہوتی ہی جو جو محققین تحقیقاتین کرتے ہین وہ حیران ہوتے ہین کہ بڑے تجربون کے بعد وہ جن نتایج پر پہنچتے ہین وہ پہلے ھی ہندؤن کی کتب مین لکھی ہوتی ہین *

ڈاکٹر پال برکوہم نے ایک جگہہ لکھا ہی - کئ نئ ایسی پرمغز باتین ان کتب مین پڑھتا ہون جو کہ کسی اور جگہہ مین نے دیکھی ہی نہین ہوتین - ان کو دیکھہ دیکھکر مین سخت حیران رہ جاتا ہون *

I have been exceedingly struck with the profound meaning of many passages which indeed go beyond anything that I have met before in medical literature.

خود ڈاکٹر میوکس صاحب نے کہا تھا کہ ابھی ڈاکٹرون کو ہندوستان سے بہت کچھہ سیکھنا ہے *

بھاگلپور ڈویژن کے کمشنر جناب سکرائین صاحب نے ایک بار کہا تھا *

It is wonderful to note the comparatively advanced views held by the sages of your country and how completely they had anticipated discoveries which we moderns flatter ourselves are due to the enlightenment of this age.

یعنی بہت ہی حیرانی کی بات ہے کہ ہندوستان کے رشیون کے مقابلہ کتنے اونچے خیالات تھے اور انہون نے مکمل طور پر وہ باتین معلوم کرلی تھین جن کو ہم موجودہ سائینس والے گھمنڈ کے ساتھہ کہتے ہین کہ ہماری دریافتین ہین - بہت سی باتین ہین جن کے متعلق سائینس کو چپ ہونا پڑتا ہے - اور بھی تو باتین ہمارے رشیون کی دیرگھہ درشتا۶ رمز شناسی - کو ظاہر کرتی ہین *

آپکی موجودہ سائینس اس وقت یہہ ثابت نہین کرسکتی ہی کہ پارہ آتشک کو کیسے دور کرسکتا ہے مگر تجربہ سے چونکے اس نے دور کیا سب ڈاکٹر مانتے ہین - ہمارے رشیون کا گیان اس کے متعلق اتنا بڑہا ہوا تھا کہ وہ کہتے ہین کہ دنیا کی کل امراض اس پارہ سے درر ہوسکتی ہین - پارہ و گندہک کو کھرل کرکے اسکی کجلی بناکر جس جس مرض کی دوائی کے ساتھہ اس کو ملاتے جاؤ اسی مرض کا یہہ علاج ہوتا جاتا ہے - سرپاوڈے میوکس جیسے معزز عہدہ دار ڈاکٹرون نے جس مکرد ہوج کو استعمال کیا - وہ پارہ - گندہک و سونا کے ملاپ سے ہی بنتا ہے - سونا اس مین شامل نہین ہوتا اور موجودہ سائینس ہم سے پوچھتی ہے کہ اسکے ملانے کا کیا فائدہ ہے - ہم کہتے ہین فائدہ تمہاری سائینس کہ کسی تجربہ سے ظاہر نہین ہوسکتا ہے - استعمال کرکے دیکھہ لو - ایک باریک نوکدار لوہے کو اگر بالو ریت کی پان چڑہادین وہ شیشے کو کاٹنے کے قابل ہوجاتا ہے - اگر تیل کی پان دین تو لوہے کو کاٹنے کے قابل ہوجاتا ہے - بتلائے سائینس کے تجربہ سے اسکو کیسے ثابت کریگے - ڈاکٹر کہتے ہین کہ پارہ باہ کو نقصان دیتا ہے - ہم کہتے ہین اس کے برابر کوئی مقوی چیز نہین ہے - بات صرف یہہ ہے کہ اسکے اندر ۱۸ دوش جو ہوتے ہین ان مین سے ایک نامردی کا دوش بھی ہے وہ دور نہین کیا جاتا - اس واسطے نقصان کرتا ہے - ڈاکٹری مٹریا میڈیکا مین قلعی - سکہ وغیرہ پارہ کی Impurities بیان کی جاتی ہین - جو کہ باہر سے ملی چیزین ہوتی ہین - ان کو کیا معلوم ہے کہ رشیون نے کوئی اور Impurities بھی معلوم کی ہوئی تھین جن کو موجودہ سائینس معلوم کرنے مین قاصر ہے - وہ صاف خالص سونا اور چاندی کو بھی تیل - وغیرہ کی پٹھین دے کر شدھہ کیا کرتے تھے - پارہ کو نمک کے ڈھیلے مین گڑھا کرکے ڈالکر اوپر نمک کاڈاٹ دیکر ایک ماہ تک زمین مین دفن کردو اسی طرح سے اس کے اندر کا نپنسک دوش دور ہوجاویگا اور یہہ باہ کو قوت دینے والا ہوگا - بچھناگ Aconite آپکی کتب مین دل کو ڈبانے والا کمزور کرنے والا ہے - اس کو تین دن کو موتر کے اندر بھگو دو پھر یہہ شدھہ ہوکر دل کو تقویت دینے والا ہوجاویگا *

جو کچھہ ہم کہین اسکے واسطے ثبوت مانگو ہم زندہ مثال پیش کرسکتے ہین یا دکھلاسکتے ہین - مگر آپکی سائینس سے وہ لگا کھاوے یا نہ کھاوے اسکے ذمہ دار نہین *

سکول مین پڑہا کرتے تھے کہ درخت سورج کی روشنی مین آکسیجن اپنے اندر سے نکالتے اور کاربانک ایسڈ گیس کھاتے ہین - مگر اندہیرے مین کاربانک ایسڈ گیس اپنے اندر نے نکالتے ہین - کئی سائینس دانون سے پوچھہ چکے کہ قدرتی طور پر رہنے والی - کبھی بیمار نہ ہونے والی پرند کیون درختون کے اوپر گھونسلہ بناتے اور پھر تندرست رہتے ہین - کسی سائینس دان نے تسلی بخش جواب نہین دیا *

ایک جنگلی بوٹی جو کہ طبی نمایش مین ایک بار پیش ہوچکی ہی - انسان یا حیوان کو کسی جگہہ کیڑے پڑے ہوئے ہون اس کو صرف گلے مین باندہنے سے وہ گرجاتے ہین گراکر ہم بتلا دینگے - سائینس سے بات جیت آپنے کرلینی - تپ یعنی باری کا بخار ہو تو مرچ سرخ پانچ سات کوٹ کر درمیانی انگلی مین باندہکر باری سے ایک گھنٹہ اول سے پانی مین بھگو دو - اول تو پہلی بار و گرنہ دوسری بار بخار نہین آئیگا - اور اشیاء بھی اس مین ملائی جاتی ہین مگر اکیلی بھی جو چاہے فوراً آزما سکتا ہی *

ملیریا بخار مین اگر مغز کرنجوہ کے ٹکڑے ایسے ہی انگلی پر باندہکر پانی مین ڈالو تو وہ چبھتا ہی اور بخار دور کرتا ہی - اگر بخار ملیریا نہ ہو تو انگلی کو کچھہ معلوم نہین ہوتا ہی *

سہدیوی کی جڑھ سر پر باندہنے سے بخار اتر جاتا ہی - کتے - بلیون اور خرگوشون - مینڈکون پر تجربہ کرنے والی سائینس خود غلطیان کھاتی ہی - ہماری باتون کو اس سائینس سے کیسے ثابت کرین - ہم کہتے ہین نئے بخار مین خاصکر جب آم جوڑ ہو لنگھن یعنی فاقہ کرنا چاہئے - یہہ سائینس بھی کہتی ہی کہ Feeding بند نہین ہونا چاہئے کمزوری ہوجاویگی - آخر جرمن مین ایک ڈی - اے - سسٹم نکلا یعنی (Diet absolutism) ان لوگون نے بخار مین اول ۴ دن فاقہ کرایا اور اس سے نہایت اعلی نتیجہ نکلے غضب تو یہہ ہی کہ یہہ سائینس خوراک بھی دودھہ کی شروع کردیتی ہی جو کہ نئے بخارون مین سخت نقصان دہ ہی سائینس نے تو نہ بتلایا مگر ہمارے رشیون نے منع کردیا نئے بخار مین اگر پانی کو اس قدر ابال کر کہ وہ چوتھا یا چھٹا حصہ رہجاوے ٹھنڈا کرکے صرف اسی کو دینا شروع کیا جاوے تو پرانے بخار آدھے رہ جاوین - بہت سے بخارون کو ہم اس قسم کے غلط علاج سے پرانا بناتے ہین عجیب بات دیکھئے اس پانی کے متعلق لکھا ہی کہ وہ پنکھہ سے ہلا جلاکر یا کسی دوسری طرح سے ٹھنڈا نہ کیا جاوے اسکو ویسے ہی رکھہ چھوڑ دین خود بخود ٹھنڈا ہو - اس قسم کی لطیف باتون کو سائینس کے تجربہ ثابت نہین کرسکتے بلکہ بیمارون پر تجربہ ہی ثابت کرسکتے ہین *

اور دیکھئے شہد و گھی برابر وزن زہر لکھا ہی - آپ اسکا تجربہ تو کرسکتے ہین مگر شاید سائینس کے کسی اصول سے اس کو زہر ثابت نہ کرسکین - آپ ایک شخص کو ۲ تولہ گھی اور ۲ تولہ شہد ملاکر روزانہ کھلانا شروع کرین اور ایک کو ۳ تولہ گھی اور ۲ تولہ شہد یعنی برابر نہ ہون - آپکو خود بخود ہمارے رشیون کی تیبر بدھی کا یقین ہوجاویگا - برابر وزن شہد و گھی کھانے والے کی بھوک کم ہوجاویگی اور دن بہ دن بیمار ہوتا چلا جاویگا اور دوسرا شخص اپنے اندر طاقت معلوم کریگا - کیونکہ دونون اشیاء امرت ہین *

گھی وکیلہ دونون بھاری ہین - مگر کیلہ کو گھی مین بناکر کھانے سے وہ ہلکا ہوجاتا ہی - کیسے یہہ معلوم نہین ہی *

ہر بات کو سائینس سے جانچنے کی ہی کوشش کرنا کتنا مشکل ہی - اگر کسی تالاب مین بہت سی جونکین ہون آپ اس مین اپنے ہاتھہ کے انگوٹھے کو اپنی مٹھی مین خوب دباکر اس مین گھس جاوین جونکین نہین چمٹینگی ایک بھونرا اڑ رہا ہو چند آدمی لکیر باندہکر ایک دوسرے کے ہاتھہ پکڑکر کھڑے ہوجاوین اور مٹھیان دباوین بھونرا تمہارے بیچ مین آگریگا - ایسی ایسی باتین سائینس کے تجربون کی نسبت عملی تجربون سے زیادہ ثابت ہوتے ہین - اس مین کچھہ شک نہین کہ جیسے جیسے سائینس ترقی کریگی - رشیون کی بیان کردہ سچائیان ظاہر ہوتی جاوینگی *

ہمارے لوگ تانبہ بچون کے گلے مین ڈالتے تھے جرمنی مین ایک بار ہیضہ پھیلا - تانبہ کی کان مین کام کرنے والون کو ہیضہ نہ ہوا - تجربون سے پتہ لگا کہ ہیضہ کے دنون مین تانبہ جسم سے لگے رہنے سے اکثر آدمی محفوظ رہتا ہی - شاسترون مین لکھا ہی کہ پانی تانبہ کے برتن مین رکھہ اب سائینس بھی بولی ہی کہ تانبہ جرمز کو کھا جاتا

ہی – پانی شدھ رہتا ہی – شاستر کہتے تھے کہ شمال کو سر کرکے نہ سوؤ – اب بجلی کی سائینس اس کو ثابت کر رہی ہی *

جدید علم جسکو آپ کہتے ہین وہ بعض اوقات دلیلون کا مجموعہ ہی ہوتا ہی – اور اس جدید سائینس سے دنیا کیا ثابت نہین ہوتا ہی – یہہ جدید علم کی بناء پر ہی بڑے بڑے ڈاکٹر ثابت کر رہے ہین کہ قدرتی علاج ہی ٹھیک ہی ادویات کا استعمال گناہ کبیرہ ہی – کوئی کسی طریقہ کو ثابت کرتا ہی کوئی کسی کو *

ڈاکٹر لوھے کہین نے سائینس کی روسے ہی ثابت کیا کہ دوائی کا استعمال بیماری بڑھاتا ہی – صرف چار قسم کے غسل سے سب امراض دور ہوتے ہین – جدید علم سے ہی ڈاکٹر ہنی مین ثابت کیا کہ دنیا کے سب طریقے غلط ہین صرف علاج بالمثل ہی ایک سچا طریقہ علاج کا ہی *

چند دن ہوئے مشہور ڈاکٹر رڈک کی کتاب Vitality مین نے پڑھی – جس مین اس نے سائنٹفک طریقہ سے ثابت کیا ہی کہ نہانا صحت کو نقصان پہنچاتا ہی – اسنے ایک مریض کا ذکر کیا ہی کہ جو مدتون بیمار رہا – اسکے تمام جسم پر میل جمی ہوئی تھی – ایک ڈاکٹر نے وہ سب ایک ہی دن دہلا دی اور وہ اسی دن مرگیا *

مین جو کچھہ کہہ رہا ہون اس سے میرا ہرگز یہہ مطلب نہین ہی کہ سائینس کوئی بری چیز ہی – سب دنیا کو ان بزرگون کو احسان ماننا چاہئے جو سائینس کی نئی نئی باتین معلوم کرتے رہتے ہین – سائینس کے ذریعے ہی انہون نے معالجون کے واسطے بھی کئی نہایت اعلی ایجادین کی ہین – سٹیتھسکوپ تو پہلے بھی رائج تھی مگر تھرما میٹر – سفگمومیٹر – خوردبین اور ایسے ہی کئی اوزار بڑے مددگار ثابت ہو رہے ہین – اور دیسی طبیبون کو ان کے استعمال مین کسی طرح کا اعتراض نہین ہی – جو کچھہ مین نے کہا اس کا مطلب یہہ ہی کہ یہہ ضرور نہین کہ سائینس ابھی ان تمام باتون کا حل کردے جو کہ ہمارے شاسترون مین لکھی ہین – یہہ ضرور ہی کہ کوئی ان مین سے جدید سائینس کے خلاف نہ ہوگی – اور علمی کسوتی پر ہمیشہ ثابت ہوگی یہی وجہ ہی کہ ابھی تک تردوش یعنی اخلاط کی تھوڑی ابھی تک ڈاکٹر مانتے نہین ہین – مگر یہہ بالکل سچائی ہی – اور یہہ بالا آخر ہی سائینس دان مانینگے *

تمہید مین مجھے اب صرف ایک بات اور عرض کرنی ہی اور پھر آپ کے سوالون کی طرف آتا ہون *

۳ — ہم کیون کہتے ہین کہ دیسی طبون کو ترقی دی جاوے مریض کو آرام ہو جب یہی غرض ہی تو ڈاکٹری طریقہ سے ہی سب علاج کیون نہ ہو *

اس کا اول جواب تو یہہ ہی جب مریض کو آرام ہونا شرط ہی تو تجربہ کیا جاسکتا ہی کہ دیسی ادویات سے زیادہ مریض صحت یاب ہوتے ہین – پھر کیون ڈاکٹری کو جو کہ ہمارے لئے بدیشی ہی بند کرکے دیسی طبون سے علاج نہ کیا جاوے – سائینس نے جو باتین دریافت کی ہین وہ علمی ہین – علم پر کسی کا ٹھیکہ نہین ہوتا ہی وہ سب یونانی ویدک مین جذب کی جاسکتی ہین – اس سے گورنمنٹ کا طبی خرچ نصف رہ جاویگا اور فائدہ اس سے بھی بڑھکر ہوگا – مگر ہم جانتے ہین کہ گورنمنٹ ایسا کرنے پر رضامند نہ ہوگی ہم محسوس کرتے ہین کہ دیسی طبین ہندوستانیون کی طبیعتون کے زیادہ موافق ہین – ہمارے لوگون کے واسطے اسی ملک مین پیدا ہوئی ادویات زیادہ پر اثر ہین – ہم جانتے ہین کہ دیسی طبون کے ذریعے تھوڑے خرچ سے زیادہ اپکار ہوتا ہی – ہم جانتے ہین کہ طریقہ علاج دیسی طبون مین بہت سادہ اور تجربہ کی کسوتی پر گھسا ہوا ہی – ڈاکٹری بہت سائنٹیفک ترقی کرنے کے بعد بھی ابھی مریضون کے دکھہ دور کرنے مین کوئی قدم آگے نہین اٹھایا ہی سرجری مین بے شک کمال دکھاتے ہین – مگر وہ وید طبیب یا ڈاکٹر جو بھی سیکھیگا وہی کرسکیگا – گورنمنٹ دیسی طبون کے واسطے ایسے انتظام کردے وہ بھی انتظام کرلینگے جیسا کہ پہلے ہر قسم کا آپریشن ہوتا تھا – ایک

مریض جو نمونیہ سے مررہا ہے اس کو اس بات سے آرام نہین آویگا - اسکے سرہانے بیٹھکر سائینس کو چھانٹنا شروع کرین کہ فلان پردے مین سوزش ہوئی ہے پردے! ایسے ہوتے ہین - پھیپڑے پر یون اثر ہوتا ہے اس کو دوائی چاہئے - تجربہ بتلاتا ہے کہ ادویات ابھی تک بھی جیسی زود اثر دیسی معالجون کے پاس ہین ایسی کسی اور جگہہ نہین ہین - اسوقت تک بھی ۹۰ فیصدی لوگ دیسی طب سے فیضیاب ہوتے ہین - اور عام لوگون کا رجحان دیسی طب کی ہی طرف ہے - اسواسطے گورنمنٹ کا عین فرض ہے کہ اپنی رعایا کی خواہشات کے موافق ان کے علاج کا انتظام کرے - بعض دفتر والون کو جب انگریزی علاج پر مجبور کیا جاتا ہے کتنا افسوس ہوتا ہے وہ مجبوراً دوائی لاتے ہین مگر پیتے نہین - اصلی علاج اپنے دیسی معالج سے کراتے ہین - دیسی طبین واقعی مفید ہین زیادہ ہندوستانیون کے موافق ہین - غریب ہندوستانیون کے حسب حال ہین اس واسطے انھی کی ترقی ہو یہہ ہماری خواہش ہے *

دیسی طب کی تقریباً اشیاء اپنے ملک مین آسانی سے مل جاتی ہین - عام لوگ بھی ان سے واقف ہین اپنے جسمون کے علاج کے واسطے جہازون کا انتظام نہین کرنا پڑتا ہے *

سوالات *

سوال — آپ کون سے طریقہ طب کی پیروی کی تجویز کرتے ہین آیورویدک یونانی یا سدھہ ؟

جواب — مین ان تینون مین کوئی اصولی فرق نہین سمجھتا سدھہ طریقہ ویدک کے اندر ھی ہے - اسکا مطلب تو صرف اتنا ھی ہے کہ خاص خاص اعلیٰ نسخہ جات جو سادہو سنیاسیون نے برسون کے تجربات کے بعد معلوم کئے ہین انکو برتنا وہ ہر کوئی برت سکتا ہے - باقی یونانی و ویدک کا کوئی خاص فرق سوائے اس کے نہین ہے کہ وئید لوگ رس - کشتہ جات وغیرہ زیادہ برتتے ہین اور وہ دوسری ادویات سے زیادہ کام لیتے ہین - جو لوگ فارسی عربی مین یونانی کتب پڑھتے ہین وہ یونانی طبیب ہوجاتے ہین - جو ہندی سنسکرت مین پڑھتے ہین وہ وئید ہوجاتے ہین - ادویات تو اب بہت سے حکماء بھی ویدک برتنے لگ گئے ہین - تاہم مین چونکہ خود وئید ہون اس واسطے وئیدک باتون کا زیادہ ذکر کرونگا *

سوال — آپ کے سسٹم کے بموجب بیماری کے اسباب کی کیا تھیوری ہے *

اور یہہ تھیوری موجودہ سائینس کے امتحان مین کہانتک ٹھیرسکتی ہین ؟

جواب — ہمارے ہان تھیوری نہین بلکہ سچائی ہے جو کہ مندرجہ ذیل ہے - ہمارے ہان تین قسم کی امراض مانی گئی ہین *

آگنتک یعنی حادثی وہ ہین جن کے واسطے پہلے کسی سبب کا ہونا ضروری نہین کسی حادثہ سے ہوجاتے ہین - جیسے زخم - چوٹ - لولگنا - موچ آنا - کسی جانور کا کاٹ کھانا وغیرہ وغیرہ کسی قسم کے جرمز کایکایک حملہ بھی آگنتک ھی ہے *

مانسک جو دماغ سے تعلق رکھتی ہین اور جنکو آجکل کی سائینس ہسٹریا وغیرہ کا نام دیتے ہین - یا جو رنج غصہ وغیرہ سے پیدا ہوتے ہین *

تیسرے دو شجے ہین - ان کی اصل وجہ دوشون کا کم و بیش و فاسد ہوتا ہے *

مگر یہہ سدہانت اسطرح بیان کیا جاتا ہے - جسم دوش - دہاتو اور مل کا مجموعہ ہے انکے علاوہ کوئی اور چیز جسم مین نہین - دوش تین ہین - وات - پت - کف دہاتو سات ہین - رس - خون - گوشت - چربی - ہڈی - مجا اور ویرج - مل بھی ہر ایک دہاتو کا ایک ہوتا ہے جیسے پاخانہ - پیشاب - پسینہ - حیض - ناک وغیرہ کی بلغم - آنکھون کی گدّ وغیرہ انھی تینون کی کمی و بیشی یا فساد سے بیماری ہوتی ہین - اور انھی کو مناسب حدود کے اندر لے آنا ٹھیک علاج ہے - اعضاء کے افعال مین فرق آنے

کی وجہ انہی تینون کے اندر فرق آتا ہی ایک قیدی کے ہاتھ پر چھالے پڑے ہوئے دیکھکر ایک کہتا ہی کہ اسنے چکی پیسی تھی دوسرا کہتا ہی کہ اسنے چوری کی تھی اسواسطے چکی پیسنے پڑي - آیورویدک طب آگے جاتي ہي اور کہتي ہی کہ اعضاء کے افعال مین فرق ہونے کي وجہ آہار مین غلطیان ہونے کے باعث دوش دہاتو اور مل کا بگاڑ ہي اور خاصکر دوشون کا بگاڑ ہي جو ہر مرض کے ساتھہ موجود ہوتا ہي یہہ بنیادي اصول علاج کے واسطے سیدہي سڑک بنا دیتا ہي اور لکھا ہي کہ —

संचयं च प्रकोपं च प्रसरं स्थानसंश्रयम् ।
व्यक्तिभेदं च यो वेत्ति विज्ञेयः स भिषगोत्तमः ॥

جو دوشون کے جمع ہونے - انکے ادا کرنے - جسم کے اندر پھیلنا شروع ہونے - کسي خاص جگہہ بیٹھکر اس عضو کو زیادہ تکلیف دینے - اور پھر اس غصہ مین ویگت ظاہر ہوکر سب علامات ظاہر کرنے اور بعدہ بھید اقسام وغیرہ کو سمجھہ لیتا ہي وہي اتم وئید ہي *

اس کي تشریح بہت لمبي ہي جو مین اس تھوڑے وقت مین بیان نہین کرسکتا - مفصل آپ دیکھنا چاہتے ہین تو مین دوش گیان یا علم‌الاخلاط کي ایک کاپي آپ کو دیتا ہون اسمین مین نے اچھي طرح تینون دوشون کي ویاکھیا کي ہي *

اتنا مین ضرور کہنا چاہتا ہون کہ علم جدید مین ان کے واسطے کچھہ الفاظ نہین ہین - کہین انکي سیدہي تشریح نظر نہین آتي ہي - مگر موجودہ سائینس کا کوئي اصول اس کو غلطي بھي ثابت نہین کرسکتا ہي جو کوئي بات انہون نے معلوم نہین کي ہي - وہ غلط ھي نہین ہوسکتي ہي - تجربہ ہر ایک طبیب اس سچائی کو ظاہر کرسکتا ہي ہم مریض کو دیکھکر بتلادینگے کہ اس کے اندر کونسا دوش بڑہا ہوا ہي - اور اسکے مخالف دوائي دینگے - اس کو آرام ہونا شروع ہوگا یا جو ادویات جس تاثیر کي ہین وہي دیکر ویسے ھي لکھشن پیدا کرکے دکھلاسکتے ہین - یعنے بلغمي چیزین زیادہ دینے سے بلغم بڑھہ جاویگي گرم اشیاء دینے سے گرمي بڑہیگي اور بادي اشیاء دینے سے بادي *

اگر ہم کو دوش کا ٹھیک پتہ ہو اس کے مطابق علاج شروع کردین تو بیماري خواہ کسي جگہہ ہو آرام آجاویگا - یہہ روزانہ تجربہ کي باتین ہین - جو ہر وقت آزمائي جاسکتي ہین *

اب ہم آپکو بتلاتے ہین کہ وات - پت - کف تینون جسم کے اندر جسم کو سنبھالنے والي خاص شکتیان ہین - اور ان کے ماننے کے بغیر گذارہ نہین ہي - ڈاکٹر ابھي اس دو اور طریقہ سے اس کو مانتے ہین - مگر آہستہ آہستہ مانتے جا رہے ہین *

ڈاکٹر ایم کینڈرک نے انسائیکلوپیڈیا برٹنیکا مین لکھا تھا - پس جس طاقت کے باعث نرو (عصب) کام کرنیکے قابل ہوتا ہي - اس طاقت کا نام کوئي رکھنا پڑیگا - وات یا ایسا ھي کوئي نام رکھا جاوے *

ڈاکٹر مانتے ہین کہ جسم کي کل حرکات اور فعل عضلات کے ذریعے ہوتے ہین - جو کہ اعصاب (Nerves) سے طاقت مین بہت نہین - ویدک اس سے آگے چلتي ہي - اور بتلاتي ہي کہ وہ نروز وات سے طاقت حاصل کرتے ہین *

تمام جسم مین کئي صورتون مین یہہ بات موجود ہي روئین روئین مین اس کا اثر ہي جہان سے کم یا زیادہ یا خراب یا معدوم ہوجاتے ہین - جتني نروس امراض ڈاکٹري مین ہین وہي سب وات کي امراض ویدک مین ہین یہہ بات کسي بھي سائینٹفک امتحان مین برابر ٹھہریگي *

دوسرا دوش پت ہي - ڈاکٹر بھي مانتے ہین کہ جسم کے اندر ہر وقت (Combustion) ہي یعني آگ جلتي ہي اور تمام جسم کے اندر گرمي پہنچ رہي ہي - جسم کے فاسد مادے جلتے رہتے ہین - نئے نئے بنتے ہین - ویدک لفظ شریر سے ھي یہي مطلب ظاہر ہوتا ہي کیونکہ جو ہر وقت مرتا رہتا ہي اسی کا نام شریر ہي शीर्यतेऽष्टशरीरः - پت اسي

لطیف قوت کا نام ہی - جس سے دہاتو وہ ہر وقت بنا ہوا ہی اور جسم کے اندر ۹۸ ۱/۲ ڈگری کی گرمی ہر وقت موجود رہتی ہی - انگریز جس فعل کا نام Metabolic Function رکھتے ہیں یا Heat producing mechanism پکارتے ہیں وہی پت ہی - اسی پت کو مریادہ مین رکھنے کے واسطے اسی گرمی سے جسم جل نہ جاوے اس مطلب کے لئے ایشور نے کف بنائی ہی - جو کہ جل سکتی ہی جیسے سورج کے مقابلہ مین چاند ہی وہ تمام جسم مین موجود ہی تمام جوڑون مین تیل کا کام دیتی ہی اور جسم کے اندر ٹھنڈک پہنچاتی ہی *

اس مختصراً بیان کو پڑہکر کون کہسکتا ہی - سائنٹیفک امتحان مین یہہ سدہانت نہین ٹھہرسکتا ہی یہی شکتیان کثیف صورت مین بھی جسم مین موجود رہتی ہین اور شاسترون نے لکھہ دیا ہی کہ اتنا اتنا ہر ایک دوش جسم مین قدرتی ہوتا ہی اس سے کم و بیش نقصان کرتا ہی - یہہ جسم کی حفاظت کرنے والے پھر ان کو دوش اسی واسطے کہا ہی کہ ان کے کم و بیش یا فاسد ہونے سے ہی امراض کھڑے ہوتے ہین *

شاسترون مین مفصل ان کی علامات لکھی ہین یہان انکے بیان کا وقت نہین ہی *

اتنا ضرور ہی کہ پرانے رشی ہمیشہ سوتر لکھا کرتے تھے ان کو اسبات سے بہت خوشی ہوتی تھی کہ وہ الفاظ کم کرکے مفہوم رکھسکین - اسواسطے آپ کو تشریح ہماری کتب مین نہین ملیگی اصول ملینگے جو سمجہ ہین *

سوال — ۲ (ب) آپ کے طریقہ علاج مین تشخیص اور علاج کے کیا اصول و طریقہ ہین *

آپکے طریقہ علاج کی عام تاثیر کے متعلق آپ کے خیالات کیا ہین ؟

جواب — سشرت مین لکھا ہی —

पंचभिः श्रोत्रादयः प्रश्नश्चेति ॥

پانچ حواس خمسہ اور سوالات سے مرض کو جاننا چاہئے پانچ حواس خمسہ یا گیان اندریان یہہ ہین *

کان - ناک - آنکھہ - زبان - و توچا *

کان سے آواز سنکر جیسے ناڑی جنتر جسکو آجکل سٹیتھسکوپ کہتے ہین - اس سے یا ویسے ہی کان لگاکر پھیپڑے یا دل کی آواز کو سننا - پاخانہ پیشاب کی آواز یا خون جانیکی اواز کا دہیان کرنا یا سانس آتے ہوئے گھر گھر وغیرہ کی آواز کو یا کھانستے ہوئے کھانسی کی آواز کو پہنچاننا وغیرہ - ناڑی جنتر سے آواز سننے کا بیان سشرت مین صاف آیا ہی *

ناک سے مل موتر آوے کی گندھہ درگندھہ زخمون - پھوڑے پھنسی کی بو انسان کی جسم کی خوشبو بدبو وغیرہ سونگھکر کی جاتی ہی *

آنکھہ سے دیکھکر تشخیص کی جاتی ہی - جیسے جسم کا - آنکھون کا - زبان کا رنگ وغیرہ دیکھنا - جسم کی حالت موٹا - پتلا - سوجا ہوا دبلا ہوا وغیرہ جاننا - آنکھہ کے واسطے خوردبین کی طرح کا بھی کوئی جنتر ہوتا ہوگا - تب ہی نہ دکھائی دینے والے کرمون کا ذکر ہی *

زبان سے چکھکر تشخیص بھی ضروری ہوتی ہی کبھی خود مریض سے بھی پوچھا جاتا ہی کہ تیرے منہ کا مزا کیسا ہی - بلغم کس ذائقے کی نکلتی ہی - پیشاب مین چیونٹی لگتی ہی یا نہین *

توچا یعنی قوت لمس سے چھوکر تشخیص کی جاتی ہی - جسم کو چھوکر گرمی سردی - چکنائی - خشکی - پسینہ سختی وغیرہ کو معلوم کرنا - نبض کو دیکھکر اسکی

حرکات کو پہچاننا - جگر - تلي وغيره کي سختي نرمي کو ہاتھہ سے معلوم کرنا وغيره اؤر سوالات سے تشخيص مين اسواسطے مدد ملتي ہي کہ سب تکاليف اصلي صورت مين مريض بتلا ديتا ہي - بيماري کب شروع ہوئي کيسے شروع ہوئي کيسے بڑہي - کسوقت بڑہتي ہي کسوقت گھٹتي ہي وغيره وغيره *

يہہ پانچ طريقہ ہين - قوت لمس سے کام پورے طور پر نہ ليکر ڈاکٹرون نے تہرماميٹر نکالا ہي اؤر نيٹر سے موتوکي پر يکھشا گو نہ سمجھکر پيشاب کے امتحان کے واسطے نئے نئے طريقے نکالے ہين - جن کو ديسي طبيب استعمال کرسکتے ہين - نبض کي پہچان کے واسطے سفگنوميٹر ايک آلہ نکالا ہي - مگر اتنا ضرور کہونگا کہ نبض کي پہچان يا قاروره کا امتحان اصلي طور پر بہت تجربہ کے بعد آتا ہي - کہين کہين وئيد ان دونون کو ٹھيک جانتے ہين - مگر جو جانتے ہين - پھر ان دونون يا ان مين سے ايک کے هي ذريعے کل امراض کے تشخيص کرنے مين کامياب ہوتے ہين - سائينس کے اصلون کو بيان کرنے کي ضرورت نہين - ذرا تيز فہمي سے ديکھنے سے معلوم ہوسکتا ہي کہ ہر مرض مين نبض بدل جاتي ہي - اس تبديلي کو ذہن نشين کرتا ہي - يہہ ڈھکونسلہ نہين سچا علم ہی جس سے بعض اوقات ايک ايک سال پہلے موت کي خبر دي جاسکتي ہي - ان کے علاوه ہمارے متقدمين نے ہر مرض کي ايسي علامات لکھدي ہين - ان سب باتون کو ديکھہ اؤر سننے کے بعد سچي تشخيص مرض کي ہوجاتي ہي - ڈاکٹر پتھري ديکھنے کے واسطے سوڈا ڈالين ہم علامات کو ديکھکر ٹھيک ٹھيک بتلاوينگے - علامات ايسي صاف لکھي ہين اؤر يوناني مين اسقدر تفصيل کے ساتھہ وه درج ہين کہ کوئي بھي جو شخص جان کر جو انکو ٹھيک پڑھ لے کبھي تشخيص مين غلطي نہين کرسکتا ہي *

اسوقت بھي لوگ ہين جو صرف نبض پر ہاتھہ رکھکر نسخہ لکھديتے ہين - يہہ باتين موجوده سائينس کو معلوم نہين اسواسطے ان کو ڈھکونسلہ کہتي ہي - مگر اگر کوئي چاہے تو اس وقت بھي اس کا امتحان کرايا جاسکتا ہي *

اب رہا طريق علاج - اس کے واسطے کچھہ پوچھنے نہين - باوجود سائينس کي ہزارون ترقيون کے ابھي تک ڈاکٹري علاج نے ويدک کا مقابلہ نہين کرسکي ہي - موجوده سائينس نے جو بڑا کام کيا ہي وه يہہ ہي کہ بہت سي اشياء کے ست وغيره نکالکر خوراک بہت کم کردي ہي - سہولتين بہت ہوگئي ہين - مگر اس سے اصلي مرض کے دور ہونے مين بہت مدد نہين ملتي ہي *

چرک کا ترجمہ ہوکر جب فيڈلفيا کے مشہور ڈاکٹر جارج کلارک ايم - اے - ڈي کے پاس پہنچا تو اسنے لکھا تھا *

As I go over each fascicules I arrive at only one conclusion and that is this —

If the physicians of the present day would drop from the pharmacopeia all the modern drugs and treat their patients according to the methods of Charaka there would be less work for the undertakers and fewer chronic invalids in the world.

يعني جون جون مين چرک کے ادھياء پڑھتا ہون مين ايک هي نتيجہ پر پہنچتا ہون اؤر وه يہ ہي کہ اگر موجوده زمانہ کے طبيب اپني فارماکوپيا سے موجوده سائينس کي ادويات اؤر کيميکل عليحده کردين اؤر اپنے مريضون کا چرک کے طريقہ سے علاج کرين تو معالجون کا بہت سا کام گھٹ جاوے اؤر دنيا مين پراني امراض کے مريض بہت کم ہو جاوين *

ياد رہے کہ يہ بات نہين ہي کہ پرانے زمانے کے وئيد کميسٹري بالکل نہين جانتے تھے - نئے نئے قسم کے کشتہ جات بنانا - پاره کے رس سندھور - چندر ادوے وغيره مرکبات تيار کرنا - معدنيات کے ست نکالنا - ادويات کے گھي - تيل - آشوارشٹ - عرق شربت وغيره تيار کرنا سب فزک اؤر کميسٹري کي هي باتين ہين *

ڈاکٹر رائے اپني کميسٹري ميں. لکھتا ہاي کہ سشرت کے اندر کاسٹک الکالي کے بنانے کي ترکيب اور پہر اس کے واسطے يہ ہدايت کہ اس کو لوہے کے برتن مين رکھنا چاہئے - پڑھہ کر کون شخص ہاي جو يہ نہ مانے گا کہ پرانے لوگ کميسٹري بھي کمال کي جانتے تھے *

مسٹر لفنسٹن صاحب وئيدون کي نسبت لکھتے ہين *

They knew how to prepare sulphuric acid, the oxide of copper, iron, lead (of which they had both the red oxide and litharge) tin and zinc; the sulphate of iron, copper, mercury, antimony, and arsenic; the sulphate of copper, zinc and iron, and carbonate of lead and iron.

Their methods of preparing these substances were sometimes peculiar.

Their use of these medicines seems to have been very bold. They were the first nations who employed minerals, internally and that not only gave mercury in that manner but arsenic and arsenious acid which were remedies in intermittants.

They have long used cinnabar for fumigation by which they provided a speedy and safe salivation. They have long practised inoculation.

يعني وہ تيزاب گندہک - شورہ وغيرہ نکالنے تانبہ لوہا - سيسہ (جس کا سندہور و مردار سنگ دونون تھے) قلعي و جست کے اکسايڈ بنانا - لوہا - تانبہ - پارہ - سرمہ اور سنکھيا کے سلفيوريٹ اور تانبہ - جست اور لوہا کا سلفيٹ اور سيسہ و لوہا کا کاربونيٹ تيار کرنے جانتے تھے اور ان کا ان چيزون کي تيار کا طريقہ بعض اوقات بڑا عجيب ہوتا تھا - ايسے معد نيات کو وہ بڑي بہادري سے بلا خوف و خطر برتتے تھے - نہ صرف پارہ بلکہ سنکھيا اور جوہر سنکھيا بھي ديتے ہين جو کہ باري کے بخارون کا علاج تھا - وہ مدت سے شنگرف کے دہوان کے آتشک کے واسطے استعمال کرتے آئے ہين - ان کے اندر ٹيکا کا بھي رواج تھا - پھر لکھا ہاي —

Their acquaintance with medicines seems to have been very extensive, we are not surprised at their knowledge of simples, in which they gave early lessons to Europe. More recently they taught us the benefit of smoking Dhatura in asthama and the use of cowitch against worms.

ان کا ادويات کا علم معلوم ہوتا ہاي - بہت هي بڑہا چڑہا تھا - ان کا مفردات کا علم وسيع تھا - جس سے ہمين کوئي حيراني نہين کہ انہون نے يورپ کو ان کا سبق ديا - بلکہ آجکل بھي دہتورہ کا حقہ برائے دمہ اور کيڑون کے واسطے کونچ پہل کا استعمال ہام نے انھي سے سيکھا ہاي *

مسٹر ايني بيسنٹ نے سنہ ۱۹۰۶ع مين کلکتہ مين ايک ليکچر کے دوران مين کہا تھا —

In medicine you are still more advanced. In the West it is by no means a science but largerly a guess work. Indian medicine both of the Hindus and Muhammadans is superior to the medicine of the West.

علم الادويہ مين آپ اس سے بھي آگے بڑھہ گئے تھے - يورپ مين علم الادويہ نے ابھي سائينس کي صورت اختيار نہين کي ہاي بلکہ اٹکل پچو طور پر اس سے کام ليا جاتا ہاي - ہندوستان کا علم طب چاہئے وہ ہندؤن کا ہو يا مسلمانون کا مغرب کے نظام طب سے بہتر ہاي *

ايسے هي اور بہت سي شہادتين دي جاسکتي ہين - مگر بہت سي شہادتون سے کيا تجربہ سے ہر وقت اس کي آزمايش کي جاسکتي ہاي *

طاعون انفلوانزا - ہيضہ وغيرہ امراض مين جتنے مريض ديسي طبون سے راضي ہوتے ہين - اتنے ڈاکٹري سے نہين ہوتے - آتشک - سوزاک - بواسير - نامردي - پتھري وغيرہ سخت امراض کي ادويات ہمارے ہان بہت اعلي ہين - ايک سال بھر کے واسطے کسي جگہہ ايک ڈاکٹر اور ايک ديسي طبيب رکھا جاوے ايک کميٹي ہر مرض کے برابر

مریض دونوں طرف بھیجتي جاوے ان کا حساب رکھا جاوے تب ھي معلوم ہوجاویگا – کہ تھوڑے خرچ سے زیادہ مریض دیسي طبوں سے جلدي تندرست ہوتے ہیں *

اور یہ ادویات اٹکل پچو نہیں – بڑے اعلي اصولوں اور سچائیوں پر مبني ہیں – ڈاکٹر چند سالوں سے لکھنے لگے ہیں کہ شوتھہ روگ یعني سوجن کي بیماري میں نمک منع ہي – ہزارہا سال پہلے چرک نے یہي ہدایت کي ہي اور آجتک دیسي طبیب نمک اور بعض اوقات پاني تک کو بند کر دیتے ہیں – کیونکہ نمک پاني کو زیادہ جذب کرتا ہي اور سوجن بڑھتي جاتي ہي – کیسے عجیب نکتے علاج کے واسطے ملتے ہیں – بخار کي ادویات اور اتیسار کي ادویات لکھہ کر ایک مرض جوراتیسار لکھي ہي – لکھا ہي اس کے واسطے بخار و اتیسار کي ادویہ ملاکر نہیں دي جاویں – اسہال کي بخار کو بڑھاوینگي اور بخار کي اسہال کو – اس واسطے اس کے واسطے خاص ادویات لکھتے ہیں – لکھا ہی ابرک – پارہ وغیرہ یوگ واھي ادویات ہیں – یعني جن ادویات کے ساتھہ ان کو ملا دو انھي کے اوصاف کو بہت بڑہا دیتي ہیں – بعض ادویات کو شدہ کرکے برتنا بعض کو ایسے ہي برتنا – اسبغول وغیرہ کو پیسنا نہیں وغیرہ عجیب عجیب نکتے ہیں جو کہ ڈاکٹروں کو معلوم نہیں ہیں اور پتھہ (پرہیز) کي تو کوئي پوچھنے نہیں – یہاں کے ڈاکٹر ہماري سني سنائي باتیں لیکر کہہ دیں کہ بینگن نہ کھانا – گھي کھانا یا نہ کھانا – پہل کونسے کھانا وغیرہ دراصل پتھہ کي کوئي خاص ہدایات ایسي تفصیل سے جیسي ہماري کتب میں لکھي ہیں نہیں ملتیں – ہمارے تو لکھا ہي کہ دوائي کے بغیر صرف مناسب پرہیز سے بھي بیماري دور ہوجاتي ہي – مگر جو پرہیز نہ کرے اس کو بہت ادویات استعمال کرنے کا بھي فائدہ نہیں – نئے پڑہے ڈاکٹروں کو جب مریض پرہیز پوچھتے ہیں تو ان کو ہاتھہ پاؤں پڑ جاتے ہیں – ان کے تو زود ہضم مقوي غذا ھي ہر جگہہ لکھا ہي اور دوا کچھہ دئے جانا ایسا بیان ہي – بخاروں میں طاقت کے واسطے دودھہ اور گوشت کا رس دیتے دیتے بخار کو بڈھلا لیتے ہیں – اصول علاج ہمارے ہاں بڑا سادہ ہي اور بہت آساني سے ہر ایک یاد کرسکتا ہي *

علاج کے دو بڑے ستون ہیں – سنشودھن و سنشمن *

سنشودھن کہتے ہیں کہ ایسے مواد اور دوشوں کو جو جسم میں بڑھہ گئے ہوں – جسم سے نکال کر جسم کو صاف کردینا – اور سنشمن کہتے ہیں ان کو نکالے بغیر دوشوں کو شانت کردینا – ان کے اثر کو زایل کردینا – دنیا بھر کے کل علاج انھي دو کے اندر ہیں – سنشودھن کے عمل کو جیسے وئید لوگ جانتے ہیں – ایسے ڈاکٹروں کے ابھي خواب و خیال میں بھي نہیں آیا – بیشک وہ قے جلاب یا انیمیا کے ذریعے فضلات کو دور کرتے ہیں – مگر اس کے سوائے ان کو خبر نہیں کہ قے یا جلاب صرف معدے میں جمع ہوئے مواد کو خارج کرسکتا ہي حقنہ یا وستي کرم جس کو وہ انیمیا کہتے ہیں وہ اتنا ھي جانتے ہیں کہ پاني – صابن کا پاني یا کسٹرایل مقعد کے راستے انتڑیوں میں داخل کردیا اور وہاں جمع شدہ مواد خارج ہوگیا – ویدک میں ۵ قسم کي بڑي بلکہ ۱۸ قسم کي وستي لکھي ہي – اور صرف وستي کرنے سے کبھي جسم کا موٹاپا دور کیا جاتا ہي کبھي پتلے کو موٹا کیا جاتا ہي – جسم کو طاقت پہنچائي جاتي ہي – ضعف باہ و سستي دور کي جاسکتي ہي – ولایت میں صرف ایک شخص کا میں نے اشتہار آجکل پڑھا ہي جو کہ مقوي ادویات کي بتیاں مقعد کے راستے دینے لگا ہي – شاستر میں

پنچ کرم پانچ عمل بتلائے ہیں – جن کو عمل میں لانے سے بڑي بڑي پراني امراض اور مہاویادہیاں دور کي جاسکتي ہیں – سینہ کرم (جسم کو چکنا کرنا) سوید کرم – پسینہ لانا) ومن کرم (قے) وریچن کرم (جلاب) اور وستي کرم (حقنہ) سینہ کرم اور سوید کے بعد اگر ومن کو کیا جاوے تو پرانا دمہ – سخت بخار – سخت امراض وات وغیرہ جو لا علاج سمجھي جاتي ہیں – وہ بھي دور ہوجاتے ہیں *

عام امراض مین اس سلسلہ کو مکمل نہین کیا جاتا - بلکہ جو جہان ضرورت ہو دیا جاتا ہی وہان بھی ایک خاص بات یہ دہیان مین رکھی جاتی ہی کہ قی یا جلاب غیرہ کی ایسی ادویات دی جاتی ہین جو ایک خاص قسم کے مواد کو ایک خاص جگہہ سے بھی لاتی ہین - نیز یہ خیال رکھا جاتا ہی کہ اگر مواد پکے نہ ہون تو جلاب سے پہلے ان کو منضج کرایا جاتا ہی - یہ باتین ہین جو کہ ڈاکٹری نے ابھی دیسی طبون سے سیکھتی ہین *

سنشمن ادویات کے متعلق بھی ویدون کا گیان عجیب ہی - ڈاکٹری مین ادویات کے اثر کے متعلق صرف یہ لکھا ہوتا ہی کہ فلان عضو پر اس کا یہ اثر ہی مگر دیسی طب مین یہ بھی بتلایا جاتا ہی کہ اس کی تاثیر کیا ہی - گرم ہی یا سرد یا بلغمی یا بادی ہی - خشک ہی یا تر ہی - فرض کرو ایک شخص کے جگر مین ورم ہی - ڈاکٹر تو جگر کے ورم پر اثر کرنے والی ادویات دیدیگا - مگر دیسی طبیب یہ بھی دیکھیگا کہ یہ ورم سرد ہی یا گرم ہی - اگر گرم ہوگا سرد دوائی دیگا - اور اگر سرد ہی گرم دوائی دیگا - اور کوئی خاص دوائی ورم جگر کے واسطے بہت مفید ہی تو اس کو ایسے انوپان سے دیدیگا - وہ مناسب اثر کرے - انوپان کی بابت بھی ابھی تک ڈاکٹری مین رائیج نہین ہوئی ہی - ان کو دودہ پانی کے سوا کچھہ ملتا نہین ہی - یہ انوپان کا پربھاؤ ہی کہ دیسی طبیب کونین کو بھی شربتون وغیرہ کے ساتھہ برتتے ہوے خشکی گرمی مریض کو ہونے نہین دیتے - جبکہ ڈاکٹرون کے پاس بخار دور ہونے کے ساتھہ مریض گرمی سردی سے بہن جانے کی شکایت کرتے ہین - ہر دوائی کے متعلق ہمارے چیزین بیان کی جاتی ہین - رس - گن - ویریہ - وپاک - پربھاؤ - سب سے اول اسکا مزا بیان ہوتا ہی اور وہی بہت سے ہدایتین کرتا ہی - مثلاً لکھا ہی کہ کڑوی ادویات بخار دور کرتے ہین - اسی مین چرایتہ - شاہترہ کونین - نیم وغیرہ آگئین *

رس ۶ ہین - انکے ملاپ سے یہ ۶۴ بنتے ہین عام طور پر میٹھا ترش - کھارا بات کو شانت کرتے ہین - میٹھا - کڑوا - کسیلا پت کو دور کرتے ہین اور تیز کڑوا - کسیلا بلغم کو دور کرتے ہین - ایسے ہی اور بھی ہدایات ہین *

اسکے بعد گن کا بیان ہوتا ہی - گن کئی ہوتے ہین - مثلاً بھاری ہونا - ہلکا ہونا وغیرہ انکے بھی علیحدہ علیحدہ کام بیان کئے ہین - پھر اسکا ویریہ بیان ہوتا ہی - جس کو تاثیر کہتے ہین - معدہ مین پہنچکر اسکا اثر کیا ہوتا ہی - اس کے بعد وپاک بیان ہوتا ہی یعنے جب یہ دوائی ہضم ہوجاتی ہی - تب اسکا رس اور تاثیر کیا ہوجاتی ہی - یہ ایسے لطیف بات ہی کہ دنیا مین سوائے ویدک کے کسی طریقہ طب مین بیان نہین کی ہوئی ہی - ان سب کے بعد ایک اور چیز ہی جسکو پربھاؤ کہتے ہین - پربھاؤ وہ تاثیر ہی جسکو دنیان کی کوئی سائینس ثابت نہین کرسکتی ہی کسی مرض کو دور کرنا بعض ادویات کا پربھاؤ ہی ہوتا ہی بالخاصیت انکے اندر یہ اثر ہی - کیسے ہوا یہ کوئی بیان نہین کرسکتا - یہ دویہ درشٹی رکھنے والے یوگیون نے ھی بتلایا ہوا ہی اور انھی کی بدولت آج سب کا سر نیچا ہی - آپکی سائینس نہ بتلا سکی مگر ہم پارہ کو کل امراض مین برت سکتے ہین - آپ شنگرف کو مضعف باہ کہو ہم اسکو مقوی باہ بنا سکتے ہین - جنکو سدھہ یوگ کہتے ہین وہ یہی ہین - سدہ نسخون کے اندر جو ادویات شامل ہوتے ہین ان سے پتہ ھی نہین لگتا کہ ان مین یہ اثر کیسے ہو جاویگا - جوڑآدی ابرک مین کشتہ تانبہ تک شامل ہی - مگر گرمی کے بخارون تک کو فوراً دور کرتا ہی - بوٹیون مین خاص خاص قوتین ہوتے ہین جو انکو جان لیتا ہی وہ ہمیشہ کامیاب ہوتا ہی *

ان پانچون کو جان لینے پر علاج کی کتنی سیدھی سڑک ہی - بیماری جو بھی جن دوشون سے پیدا ہوئی ہی انھین دور کرنے والی ادویات یا اگر انکے خاص پربھاؤ معلوم ہون تو بالخاصہ ان کو دور کرنے والی ادویات ہم نے دیدیتے ہین - اور مریض راضی

ہو جاویگا علاج بالمثل جنکو کہتے ہین وہ بھي اکثر اسپر بھاؤ کے باعث ہوتا ہي اور اس کي مثالين سينکڑون ويدک مين موجود ہين *

مين مختصراً طريقہ علاج و تشخيص کا بيان کرديا اسکي تفصيل بدون سينکڑون صفحے کي کتاب کے نہين لکھا جاسکتا ہي – اگر کوئي تعصب کي پٹي اتارکر انکو ديکھيگا تو ضرور عش عش کريگا – اور ڈاکٹر کلارک کے ساتھہ آواز اٹھاديگا – کہ سب کيميکل کو چھوڑکر ديسي طريقے سے سب کو علاج شروع کردينا چاہئے *

اس سوال کا اب آخري حصہ رہ جاتا ہي کہ اسکي عام تاثير کے متعلق ہمارے کيا خيالات ہين – ديسي طبيبون کے پاس کوئي اس قسم کا اعداد و شمار کا طريقہ نہين ہي – مگر جہان کبھي موقع پڑا ہي ديسي علاج تھوڑے خرچ سے زيادہ کامياب ہوا ہي – جن ميونسپل کميٹيون مين ڈاکٹري کے ساتھہ ديسي طبيب بھي نوکر ہين انکے اعداد و شمار سے اي ظاہر ہوتا ہي پونا ميونسپل کميٹي کي مثال موجود ہي – انفلوانزا کے دنون مين ہر جگہہ نئي بيماري ہونے پر بھي تردوش کي تھيوري کے باعث ديسي طبيب زيادہ کامياب ہوے يہ سب کو معلوم ہي – اور اب اگر چاہئين تو کسي پر اعتبار نہ کرکے ايک فن کے واسطے ايک کميٹي کے ذريعہ نصف نصف مريضون کا ڈاکٹري يا ديسي طريقہ سے علاج کرکے تجربہ کرسکتے ہين – اگر ہمارا يہ دعوي درست ہوکہ تھوڑے خرچ سے زيادہ مريض راضي ہوتے ہين تو ديسي طبيبون کے کالج کھول کر انکي حوصلہ افزائي کرين تا کہ يہ اور بھي زيادہ ملک کو نفع پہنچاسکين – ورنہ اختيار بدست مختار *

سوال ۳ (۵) کيا آپکا يہ خيال ہي کہ معالجہ کے ملکي طريقے چند حالات مين ديگر طريقون کي نسبت زيادہ موثر ہين – اگر ہي تو اثرات پيش کرين ؟

جواب — ہمارا خيال ہي کہ ان تمام امراض مين جنکو مہاروگ کہتے ہين ديسي طبين زيادہ موثر ہين خاصکر ويدک مين جو رسائين اور واجي کرن تنتر ہين – ان کا مفصل بيان ڈاکٹري مين کہين نہين ملتا ہي *

آيوروید کہ ۸ حصے رشيون نے لکھے ہين – شليہ – شالکيہ – کائے چکتسا – بھوت وديا – کومار بھرت – اگدتنتر – رسائين تنتر – واجي کرن تنتر *

شليہ کے معني سرجري ہي – جس کا اسوقت انتظام نہ ہونے کے باعث ويد چھوڑ بيٹھے ہين – مگر يہ علم مکمل طور پر سشرت مين لکھا ہي – بڑي ترقي بعد بھي آج تک ايک بھي تو سرجي کا اوزار ايسا ڈاکٹرون نے نہين بنايا جسکا ذکر سشرت مين نہ آتا ہو – درجنون راؤن مين مسٹر ويبر Weber کي ايک ہي رائے کافي ہوگي *

In surgery, too, the Hindus seem to have attained a special proficiency and in this department, European Surgeons might, perhaps, even at the present day still learn something from them; as indeed they have already borrowed from them the operations of Rhinoplastry.

معلوم ہوتا ہي – ہندوستانيون نے سرجري مين بھي خاص مہارت حاصل کي تھي – اور شايد اس وقت تک بھي يورپ کے سرجن ان سے کچھہ سيکھہ سکتے ہين جيسا کہ نہون نے نئے ناک يا کان بنانے کا عمل جراحي ان سے سيکھا ہي *

اگر گورنمنٹ بھي اپنے ملکي طبون کا خيال کريگي تو ضروري ہي اس شاخ مين بھي ترقي ہوگي *

دوسري شاخ شالاکيہ ہي – اسکي معني ہين گردن سے اوپر کے امراض مخصوص علاج – اس مين امراض چشم – امراض ناک – امراض کان اور امراض منہ کا بيان آجاتا ہي – جسکے واسطے ڈاکٹري مين بھي اب عليحدے عليحدے شاخين ہو گئي ہين – اور ان شاخون مين بھي ڈاکٹر کمال کر رہے ہين – مگر تجربہ نے بتلاتا ہي کہ ادويات مين اس مين پيچھہ ہين – کئي بار ديکھا ہي کہ آنکھون کے امراض مين جہان کوکين وغيرہ نے فائدہ نہ کيا وہان لودھہ وغيرہ کے کاڑہے نے کام کرديا – بھرہ پن کي ساري تشريح تصويرون

سے دیکھا تے ہوے کوئی ڈاکٹر آج تک اسکو دور نہین کرسکے ہین - آنکھون سے موتیا نکالنے کا پرانا طریقہ سے کوئی وئید کرتے ہین - ایک وئید بمبئ کی نمائیش مین کٹھیاواڑ سے آئے تھے جو سشرت کے طریقہ سے موتیا نکالتے تھے - اور انکا دعوی ہی کہ ڈاکٹری کے موجودہ طریقہ سے وہ اچھا ثابت ہو رہا ہی *

کائے چکتسا عام علاج کو کہتے ہین - اسکا ذکر پیچھے کیا جا چکا ہی کہ بلحاظ ادویات آیورویدک کا طریقہ ڈاکٹری سے اچھا ہی - اگر اچھا آپ نہ مانین تو بھی کم نہین ہی *

بھوت ودیا - یا مانسک رگون کا علاج ہی - اسي کے اندر جرمز تھیوري بھي آتي ہي - اسکے واسطے ہپناٹزم مسمریزم وغیرہ یوگ کے ہي رنگ نکل رہے ہین - اگر کوئي یوگ ودیا کو جان لیتو ان سب سے بڑھکر کامیاب ہوسکتا ہي - بھوت ودیا کے اندر جرمز تھیوري اس واسطے آتي ہي کہ بہت پراني کتب مین نہ دیکھائي دینے والے جرمز کا بھي نام ہي - سشرت مین ایک جگھہ لکھا ہي کہ زخم پر گوگل وغیرہ کی دھوني دیکر اس کی حفاظت کرے تاکہ بھوت راکھشس اثر نہ کرین - یہ بھوت راکھشس جرمز نہین تو کیا ہین - یہ شاخ بھي بہت کچھہ بھولي ہوئي ہي - جرمز تھیوري کے ڈاکٹري مین جہان بین ہوئي ہي - مگر مانسک روگون کا علاج ابتک بھي وئید لوگ ان سے بہتر کرسکتے ہین *

(۵) کوتار بھرت وہ شاخ ہي جس مین عورتون کے بچہ جننے اور انکی خاص امراض بچگان کا ذکر ہوتا ہي - اس مین بھي دیسي طبیبون کي آزمائش کا کم موقع دیا جاتا ہي - مگر جو کچھہ لکھا ہي وہ کمال سے کم نہین - ایک حفاظت حمل کو ہي لیجئے - اسقاط کا ایک ھی طرح کا علاج ڈاکٹري مین لکھا ہي - مگر یہان ہر ایک مہینے کے واسطے علیحدہ ادویات ہین - اگر فلان مہینے اسقاط ہونے لگے تو یہ ادویات دو اگر فلان مہینے ہونے لگے تو یہ ادویات دو کتني باریک بات ہي - یہ کوتار بھرت بھرت کا ہي کمال ہي کہ حمل ہو جانے پر بھي فرزند نرینہ پیدا ہونے کے اپاۓ لکھے ہین - ۹۰ في صدي درست ہوتے ہین پھر وضع حمل کی خراب حالتون کا جو علاج لکھا ہي اسکو دیکھہ دیکھکر بڑے بڑے Midwifery کے ماہر بڑے حیران رہتے ہین *

کویراج اویناش چندر شہد سندھو کي تمہید مین لکھتے ہین - موڑھہ گربھہ اور اور رشمري کے متعلق جنکا مطلب عسرولادت اور پتھري کو نکالنا ہي ایسے اعلی طریقہ سے بیان کي گئي ہین کہ ڈاکٹر چارلس جو اس وقت کلکتہ میڈیکل کالج کے پرنسپل تھے انھون نے انکے متعلق جو کچھہ لکھا تہا اسکو دیکھنے کي خواہش ظاہر کي - اسکي خواہش پر ڈاکٹر درگا داس گپت اور مین نے انگریزي مین ترجمہ کیا اور انکے مطالعہ کے واسطے دیا - ڈاکٹر چارلس نے مشکل کیسون مین وضع حمل کرانے طریقہ کي بہت ھي تعریف کي اور یہ فراخ دلي سے مانا باوجودیکہ اسکو میڈائفري اور سرجري مین بڑا تجربہ ہي - مگر اسنے آج تک جتني بھي طبي کتب پڑھی ہین آج تک کسي مین بھي اس قسم کا اعلی طریقہ نہین دیکھا ہي غرضیکہ یہ شاخ بھي اگرچہ عمل مین لائي نہین جاتي ہي لیکن اگر موقع پڑے تو کسي طرح سے اپني ڈاکٹري سے کم نہ رہیگي *

چھٹي شاخ اگد تنتر ہي - جسمین زہرون کا علاج مرقوم ہي - بلاشبہ اس مین بھی دیسي طبیب زیادہ کامیاب ہوتے ہین - زہر دو قسم کے ہین - ایک ستھاور ایک جنگم - ستھا دریعنے جڑھي زہرون سنکھیا - کچلہ - افیون وغیرہ کے واسطے ڈاکٹر لوگ اسي وقت سٹامک پمپ وغیرہ سے زہر نکال دیتے ہین مگر جب زہر آگے پہنچجاوے مشکل پڑتي ہي - ویدک مین کئي ادویات علیحدہ علیحدہ ہر زہر کي بتلي ہوئي ہین - مثلاً افیون کھائي جاوے تو ناري ساگ کہا لینے سے سب اندر ھي راکھہ ہو جاتي ہي *

جنگم زہر سانپ - بچھو وغیرہ کے ڈنگ کے واسطے بھي بہت اعلی ادویات بیان ہین - سشرت مین ذکر ہي کہ زہرون کو جاننے والا ایک وئید ہمیشہ فوج کے ساتھہ ھي

رہتا تہا - ایسے علاج بہي لکھے ہین کہ اگر دشمن ہوا مین پاني مین زہر پہیلادے تو انکو کیسا ٹہیک کیا جاوے *

سانپون وغیرہ کے متعلق جو تحقیقات سشرت کے اندر لکھي ہي - وہانتک ابہي کوئي اؤر علم نہین پہنچا ہي مشہور مورخ ایرئین لکھتا ہي کہ جب سکندر نے ہندوستان پر حملہ کیا تو اسکي فوج کے ساتھہ جو معالج تھے وہ سانپ کے ڈسے مریضون کو راضي نہ کرسکتے تھے وہ سب بیمار وئید لوگ اچھے کردیتے تھے *

اس حصے کي خوبي سشرت کے پڑھنے سے معلوم ہوسکتي ہي - اؤر کوئي نئي بات ڈاکٹرون نے Toxicology کے متعلق دریافت کي ہي تو دیسي طبیبون کو لیلینے چاہئے جیسا کہ مڈیکل جورس پرودنس پر کوئي کتاب نہین ملتي ہي یہ بات نہین کہ شاخ هي نہین تھي کیونکہ اس کے ثبوت برابر ملتے ہین - کوٹل ارتھہ شاستر ایک پراني مثل ہي جو کہ چانک رشي کي بنائي ہوئي ہي - اسمین سانپ کے ڈنگ یا کسي زہر کے دینے سے یا گلا گھونٹ کر مرنے پر مردے کا چیر پہاڑ یعنے پوسٹ مارٹم کرکے اس کے لکہشن جانے کا ذکر ہي اؤر بہت سے لکہشن لکھے بہي ہین جو مدلل و صحیح ہین *

افسوس ہي ہماري پراني کتب کا بہت کا ذخیرہ اس وقت ملتا نہین ہي *

ساتوان وآٹھوان آیوروید کا حصہ رساین و واجي کرن تنتر ہین - دعوی سے کہا جاسکتا ہي کہ انمین سے واجبي کرن یعني امراض مخصوصہ مردان کے متعلق اب ڈاکٹر کچھہ کچھہ جاننے لگے ہین - وگرنہ اسسٹنٹ سرجن کا امتحان پاس کرنے بعد بہت کورے هي ہوتے تھے - ادویات بہي اس مطلب کے واسطے چند انگلیون پر گنے جانے والي ہین - اگر ویدک و یوناني مین اتنا مکمل اسکا بیان ہي کہ ڈاکٹر پڑھہ سنکر هي حیران ہوا کرتے ہین اؤر رسائین تنتر کا تو ذرا ذکر بہي نہین ہي رسائین تنتر وہ ہي - جس سے بڑھاپا اؤر کسي دوائي سے نہ جانے والي امراض اؤر بے وقت کے موت تک کو دور کیا جاتا ہي - اس مین کچھہ شک نہین کہ وئید بہي اب اسکو بہت نہین رہے ہین - مگر اسکي وجہ ہي کہ باقاعدہ اسکي تعلیم کا کوئي انتظام نہین ہي - یہ ادویات بڑي احتیاط سے برتني پڑتي ہین - تمام جسم پرانا دور ہوکر نیا جسم بن جاتا ہي بوڑھا جوان ہوجاتا ہي یہ ڈھکوسلے نہین ہین - اگر ویدک کو کبہي وهي پرانا عروج حاصل ہوا تو یہ سب باتین صاف تجربہ سے کرکے دکھلائي جاوینگي ڈاکٹرون کو یہ نہین سمجھنا چاہئے جو بات انکو معلوم نہین ہوئي ہي - وہ غلطي هي ہي - ہمارے رشیون نے سچائیان معلوم کي ہوئي ہین - اؤر وہ ہمیشہ سچي هي رہیگي - طریقہ طب کے متعلق سچ مچ یہي دو سوال ہین اسکے آگے کے سب سوالات معمولي ہین - ان سب کا جواب مندرجہ ذیل چند الفاظ مین ہوجاتا ہي *

جب تک ویدک و یوناني کے اعلي کالج جن مین اناٹومي - سرجري اؤر آیوروید کے آٹھون حصے پڑھائے نہ جاوین تب تک پوري حالت ان طبون کي نہ ظاہر ہوگي - اؤر اسکے علاوہ کوئي اؤر مدد یا مڈیکل کالجون مین ایک چئیر پیدا کردینا ان طبون کے واسطے کچھہ مفید نہین ہي - پڑھائي کا کورس وئیدون طبیبون کي کمیٹي کے ذریعے بنایا جاسکتا ہي *

اسکے ساتھہ ساتھہ سرکاري مفت ہسپتال جہان جہان ہین وہان وہان ویدک و یوناني کے بہي قایم ہونے چاہئین - مڈیکل رجسٹریشن ایکٹ کي ہمکو ضرورت نہین ہي - ڈاکٹر خود هي اسکے ہاتھون سے نالان ہین - پھر ہم پر یہہ چابک رکھنے کي ضرورت هي کیا ہي - مڈیکل رجسٹریشن جو پاس ہوئے ان سے کوئي بہي لابھہ نہین ہوا ہي - اسکو دور سے هي نمسکار ہي *

بخدمت صاحب سکرٹری کمیٹی متعلق انڈجنس سسٹمس آف میڈیسنس
پوسٹ بکس نمبر ۲۶۲ مدراس *

بقلم جناب پنڈت وید بہاري لال جھینگن صاحب بہادر ۔ لاہور *

جناب من ۔ تسلیم *

مینیجنگ کمیٹی " انجمن اطباء لاہور " کے ۱۷ ویں سپٹمبر سنہ ۱۹۲۳ ع کے جلسہ مین یہہ ریزولیوشن پاس ہوا ۔ کہ بعض نامزدشدہ طبیب ضرور آپ کي کمیٹی کے سوالات پر غور کرین اور حتي الوسع ان کا جواب دین ۔ لہذا بہ تعمیل ارشاد کچھ جوابات ارسال خدمت ہین *

۱ ـــ مین آیورویدک اور یوناني طبابت کو الگ الگ نہین سمجھتا ۔ دونو قدرتی وحدانیت اخلاط کے اصولون پر مبني ہین ۔ ہندوستان بھر مین ان دونو ملکي طبابتون کو عروج دینا ضروري ہي *

۲ ـــ (الف) ۔ میرا طریقۂ طبابت وحدانیت علم علاج ہي ۔ اور مین سب جگہ بیماري کے اسباب کي قیاسي توجیہ یا توجیہات حسب ذیل ہي سمجھتا ہون ۔ اسلئے کہ صرف ان ہي دو ملکي طبابتون آیورویدک اور یوناني طریق علاجون مین ان اسباب امراض کو مد نظر رکھنا ضروري ہي ۔ بلکہ دنیا بھر کے سب قسم کے علاجون مین سب مرضون کي تشخیص کے لئے پہلے ان ہي اسباب امراض پر توجہ دنیا لازمي ہي ۔ میرا یہ خیال ہي کہ اسباب امراض کے متعلق کوئي تفرقہ یا جھگڑا جدید ترقي یافتہ علم علاج ایلوپیتھي سے ملکی طبابت کا پیدا ہي نہین ہوتا ۔ جدید علم اسباب امراض کي جو چھان بین بکٹریا (bacteria) کے ذریعہ کرنا اپني جدت طبع سمجھتا ہي ۔ ہمین اسمین کلام نہین ۔ ترقي یافتہ ملکون کیلئے یہ نہایت ضرورت اور مبارک کام ہي ۔ مگر ہمارا دعوے یہ ہي کہ جو بکٹیریا یا جرمز (germs) تندرست جسم مین نہین پائے جاتے وہ بحالت مرض پیدا ہوتے ہین گو اسوقت مریض اپنے مرض کي حالت کو محسوس نہین کر سکتا ۔ مگر یہ ابتدائي حالت اس بیج کي مانند ہوتي ہي ۔ جو انکر پھوٹنے سے پیشتر زمین کے اندر چھپا رہتا ہي *

اسي طرح یہ امر بالتحقیق سچ ہي ۔ کہ بیماري کے جرمز بھي پیچھے پیدا ہوتے ہین ۔ اور پہلے جسم مین خلطون کي خرابي آغاز پاتي ہي ۔ بد قسمتي سے جدید علم ڈاکٹري نے ان خلطون کي طرف سے نہایت لاپرواي اختیار کر رکھي ہي ۔ ورنہ وہ بھي صداقت متذکرہ بالا کے ضرور قایل ہوتے *

اس موقعہ پر مین یہ بھي توجہ دلانا چاہتا ہون کہ تحقیقات بکٹریا کے روسے ہر مرض کا سبب جداگانہ قسم کے جرمز ثابت کرنا بھي ایک امر لاینحل ثابت ہوگا ۔ برخلاف اسکے یہ امر لاکھون کڑوڑون برس سے تصدیق اور تحقیق شدہ ہي ۔ کہ تندرست جسم مین خلطین اعتدال پر ہوتي ہین ۔ اور بیماري خلطون کي بداعتدالي کا نام ہي ۔ اور یہ بد اعتدالي خفیف حالتون مین بجنسہ اس قسم کي ہوتي ہي ۔ جسطرح ہمارے ساز و سامان استعمال کي چیزین ہرروز جھاڑنے اور صاف کرنے کي محتاج ہوتي ہین اور اگر ان چیزون کي اندر باہر سے صفائي نہ ہوتي رہے ۔ تو آہستہ آہستہ یہ چیزین گرد آلود بدرنگ ۔ بدوضع ۔ بیکار ۔ زنگ آلود وغیرہ ہوجاتي ہین ۔ گویا یہ حالت ان چیزون کي بیماري کا مظہر ہین ۔ مگر یہ ایک دن مین پیدا نہین ہوئے بلکہ مدت تک ان کي حالت شروع مین قریب بہ صفائي نظرآتي رہي ۔ گویا کچھہ وقت تک ان کي گرد آلود حالت ایسي خفیف ہوتي ہي ۔ کہ ان کے خراب یا بیمار ہونے کا گمان تک بھي نہین ہوتا ۔ مگر داناؤن نے دنیا کے ہر حصہ مین یہ پابندي " صفائي ساز و سامان " روزانہ معمول اسي لئے قرار دیا ہوا ہي ۔ کہ مرض اور خرابي تک نوبت نہ پہنچے ۔ اور ساز و سامان صحیح حالت مین قایم رہے یہي حال بدن انساني کا ہي ہرروز کا غسل اور صفائي ۔ بیروني میل کچیل سے پاک رہنے کیلئے ضروري ہي ۔ اور ہرروز کا اندروني میلون سے پاک ہوتے رہنا ۔ اندروني جسماني حالت کو ٹھیک رکھتا ہي *

اصل مدعا اؤر مقصد علم علاج کا یهی ہي - کہ ہر انسان قدرتي طریقون پر اپني صحت کو روزانہ اندروني اؤر بیروني صفائي کے ذریعے پاک و صاف اؤر تندرست و صحیح و سلامت رکهہ سکے - اؤر طبیبون کا مقصد یہ ہي - کہ روزانہ تندرستي قایم رکهنے کیلئے خاص و عوام کو ہدایت کرتے رہین - اؤر خلطون کے بگاڑ کو شروع امراض سے پہلے ہي اعتدال پر لانے کیلئے ان کي رهنمائي کا موجب ثابت ہوا کرین اسطرح پر کاربند ہونے سے ملک مین صحت و تندرستي قایم اؤر محفوظ رکهي جاسکتي ہي - اؤر کار قضاء مرضون مین مبتلا ہونے والے مریض آساني سے بچائے جاسکتے ہین *

بهر حال اگر گورنمنٹ اؤر کورنمنٹ کے جدید ترقي یافتہ طبیبون (Doctors) کو سچے دل سے ہمارے ملکي طریقے مروج کرنے کا خیال ہي - تو مین کهونگا - کہ وہ اس بات پر اصرار نہ کرین کہ اگر ان کي نگاہ مین وہ خلطین " کوئي چیز نہین یا سردست وہ ان خلطون کے علم سے بالاترهي رہنا چاہتے ہین تو ہندوستان کے لوگون پر رحم کرین اؤر ان کے قدرتي اسباب و وسایل تندرستي مین سد راہ نہون - بلکہ مناسب اؤر فرض یہ ہي کہ ہندوستاني طبیبون کے حسب منشاء ان کي طبابتون کو عروج دینے والے سامان مہیا کردین - تاکہ وہ بهي گورنمنٹ اؤر گورنمنٹ کے ڈاکٹرون اؤر رعایا پر اپنے تاثیر علاج کے کرشمے روز روشن مین دکها سکین - کیا ہمین امید کرني چاہئے کہ ہمارے سر برآوردہ ڈاکٹر ان پراني طبابتون کو بهي ازسرنو ابهرنے کا موقعہ دینگے ? - ہان ضرور اگر انساني ہمدردي مقصود ہي - تو ایسا ہي ہوگا *

اسباب پیدائش امراض سمجهنے سے پیشتر چند اصول *

۱ — کوئي انکار نہین کرسکتا کہ کل کائینات کي بناوٹ مین اس اکاش کے اندر ہوا - آگ - پاني - خاک - اربعہ عناصر کے اجزاء شامل ہین - انہین اجزاء کي موزونیت اؤر اعتدال جسم انساني کي صحت کا باعث ہین - کسي مرض کا کوئي سبب ایسا نہین کہ جو مرض تو پیدا کردے مگر ہمارے جسم کي ترکیب مین بادي - آتشي آبي - یا خاکي کسي قسم کي بد اعتدالي کا باعث نہو *

۲ — یہ اربعہ عناصر کے اجزا ایسے لطیف ہوتے ہین - کہ ظاہري حواس خمسہ کے ذریعہ ہر حالت مین ہمین ان کا احساس نہین ہوسکتا - بلکہ حواس خمسۂ باطني کے ذریعہ بهي جو احساس ہم ان اربعہ عناصر کا کرسکتے ہین وہ بهي کئي گنا اصل لطیف حالت سے زیادہ ٹهوس ہوتا ہي *

۳ — ہندوستاني طبابت مین یہ ایک نہایت خوبي کي بات ہي - کہ وہ باہر سے داخل جسم ہونیوالي جملہ اشیا کي تاثیر کو اس " اربعہ عناصر " کے لحاظ سے جج (judge) کرتي ہي - اؤر ان سے جو تبدیلیان جسم مین پیدا ہوتي ہین - ان کي اصلاح بهي خورد و نوش کے تغیر و تبدل سے کرلیتي ہي گویا علاج کي شروع سٹیج (stage) یہ ہي کہ کهانے پینے کي غلطیون سے پیدا ہوئي مرضون کو کها پینے هي کي اصلاح کرکے درستي پر لایا جاوے *

۴ — انسان کے کاروبار اکثر اوقات اسکي مرضون کا باعث ہوا کرتے ہین شلاً بجلي کے کارخانے کا ایک بابو ہرروز کهانا کهاتے ہي جلد جلد چلکر اپنے دفتر مین پہنچنے کا عادي تها - اؤر ہمیشہ اسکو پیٹ کي خرابي ستائے رہتي تهي - ہر چند اسے دوسرے علاج کئے مگر مرض رفع نہ ہوا - میرے زیر علاج آیا مین نے اصل سبب مرض کا - اسکي یہ کهانا کهاتے ہي دوڑ دهوپ کو سمجه لیا - اؤر اس کو ہدایت کردي نہ آیندہ کهانا کهاکر - آرام کرکے - آہستہ آہستہ دفتر کو جایا کرے - بس اس هي تبدیلي سے وہ روبہ صحت ہونے لگا - اس سے یہ ثابت ہي - کہ ان کاروبار کي تاثیرات بهي ہمارے جسم پر یا یون کہو کہ ہمارے عناصري اجزا پر اچهي یا بري ہوا کرتي ہین *

۵ — سبب مرض ناگهاني حادثات اؤر واقعات ہوا کرتے ہین - جن کا اثر پہلے ہماري روحاني طاقتون پر ہوا کرتا ہي - اؤر پهر بدني عناصراربعہ پر بهي پہنچ جاتا ہي *

گویا مختصر طور پر یہ کہا جاسکتا ہے - کہ ہندوستانی طبابتوں کے ماہر طبیب اسباب امراض کو مختصر طور پر اختیاری - اور غیر اختیاری - دو قسم کے سببوں پر تقسیم کرتے ہیں - پہلی قسم اختیاری - میں تو خورد و نوش اور خود اختیاری فعل ہیں - دوسری قسم غیر اختیاری - میں حادثات وغیرہ ہیں - اور ان سب قسم کے اسباب امراض کی تاثیریں جو بدن انسان پر ہوتی ہیں وہ عناصر بدنی میں تبدیلی پیدا کرتی ہیں - ان تبدیلیوں کے جاننے کا نام ہی تشخیص کی بنیاد ہے *

کوئی ڈاکٹر نہیں کہہ سکتا - مندرجہ بالا - اسباب امراض وہ اسباب امراض ہیں کہ جن سے پہلے کسی اور سبب مرض کا وجود ثابت ہوسکتا ہے - وجہ اسکی یہی ہے - کہ ہر حالت میں اربعہ عناصر کی تاثیر سے پہلے کوئی اور تاثیر واقع نہیں ہوسکتی *

٦ — (a) - اب رہا نبض شناسی یا اور اسی قسم کے دیگر ذرایع تشخیص مرض کی نسبت - سو مجھے اس بات کے تسلیم کرنے میں تامل نہیں کہ عام لوگوں میں بہت کچھ غلط خیال بیٹھا ہوا ہے - کہ "محض نبض پر ہاتھ رکھ کر مرض کی کلھم حقیقت معلوم ہوسکتی ہے - فی زمانہ نبض شناسی اور بھی مشکل صرف اس وجہ سے ہوگئی ہے - کہ ہمارے دیسی ملکی طریقہ طبابتوں میں "in-door patients" رکھکر علاج کرنے کا کوئی انتظام نہیں - ورنہ داخل شدہ مریضوں کی نبض سے مختلف حالتوں اور مختلف وقتوں میں - ایک ہی مرض کے مختلف درجوں کا اظہار کرنیکے ثبوت پیش کئے جاسکتے ہیں *

مگر ہاں اتنا پھر بھی دعوی سے کہا جاسکتا ہے - کہ جہاں انگریزی ڈاکٹر تھرمامیٹر (thermometer) کے ذریعہ بعض اوقات مریض کو بخار سے پاک قرار دے دیتے ہیں وہاں ماہر دیسی طبیب با وجود ٹمپریچر (temperature) نارمل (normal) سے کم ہونے کے بھی اس بات سے آگاہ ہوتے ہیں - کہ مریض خطرناک بخار میں مبتلا ہے *

آجکل ہندوستان میں تپ دق کے بیمار اکثر شروع سٹیج (first stage) میں صرف اسلئے علاج سے غافل رہتے ہیں - کہ ان کو تھرمامیٹر کے ذریعے بخار کا نابود ہونا ثابت ہوتا ہے - اور بالخصوص تعلیم یافتہ حلقوں میں نہ تو نبض کا زیادہ رواج رہا ہے اور نہ ہی یہ لوگ نبض پر وشواس کرتے ہیں *

لیکن میں اتنا ضرور کہونگا - کہ نبض ہر حال میں مریض کی خلطوں اور عناصر ترکیبی کا اظہار ضرور کردیتی ہے - اور یہی باتیں ہیں - جو تشخیص کے لئے حقیقی رہنمائی کرتی ہیں قارورہ وغیرہ میں بھی یہی دیکھا جاتا ہے - غرضیکہ تشخیص کے لئے جو کچھ بھی کیا جاتا ہے - وہ سب خلطوں کی رہنمائی اور تصدیق کے لئے کیا جاتا ہے - میں اربعہ عناصر کی تاثیروں اور طاقتوں پر اس جگہ زیادہ بحث نہیں کرونگا - صرف اتنا اور لکھونگا - کہ آواز - حرکت اور سکون - گرمی و حرارت جوش - سردی و تسکین قلب - تحمل و برداشت وغیرہ وغیرہ سب اربعہ عناصر کے کرشمے ہیں - اور ہمارے جسم کے اربعہ عناصر باہر کے اربعہ عناصر سے ملکر مرض اور صحت کا موجب ہوا کرتے ہیں - جو معالج اس قدرتی رمز کو جتنا زیادہ سمجھتا ہے - اور جو معالج ان قدرتی مشاہدات کے اثرات کو جتنا زیادہ جانتا ہے - وہ اتنا ہی زیادہ علم علاج پر قادر ہے *

(b) - میرا یہ خیال ہے - کہ معالجہ کے ملکی طریقے آیورویدک اور یونانی علم علاج چند حالات میں کیا ہمیشہ ہر حالت میں دیگر سب ایسے علاجوں سے افضل ہیں جو خلطوں اور اربعہ عناصر کی تاثیروں کو تشخیص اور تاثیر علاج کے لئے کام میں نہیں لاتے *

(c) - طبابت خانہ کے طور پر میں اپنے ذاتی تجربات ذیل کے دو واقعات سے بیان کرنے پر اکتفا کرتا ہوں - کیونکہ یہ واقعات in-door patients کے طور پر حادث ہوئے ہیں - اور اس علمی تحقیقات میں out-door patients کی نسبتہ انکی بہت اہمیت ہے *

اول - سنه ۱۹۱۸ع مین لاہور مین وباء انفلوائینزاء (influenza) کا بڑا زور ہوا - چنانچہ آریہ سماج لاہور کي طرف سے مجھے - بالکل غریب اؤر نادار سؤ کے قریب مریضون کے گھرون پر ہر روز جاکر ان کو دیکھنے اؤر ان کا علاج کرنے کا کام سپرد ہوا *

مین نے اپنے ملکي یعني خلطي طریقہ تشخیص کے مطابق ان کو آریہ سماج کیطرف سے غذاء وغیرہ مہیا کي - اؤر کم خرچ بالا نشین دیسي دوائیون سے علاج کئے - اؤر انکے گھرون مین خوشبودار چیزین سلگا کر وہان کي ہوا کے صاف کرنے کا انتظام کیا - یہان پر یہ ظاہر کرنا بھي ضروري ہے - کہ گھر گھر مین قریب قریب سب کے سب ہي مرض مین مبتلا ہوا کرتے تھے - اؤر اکثر اوقات ان کو پاني تک پلانے والا بھي کوئي آدمي گھر مین نہین ہوتا تھا - ایسي حالت مین بھي ان سؤ کے قریب مریضون سے صرف تین مرے اؤر باقي سب بچ گئے - انفلواینزاء (influenza) کے متعلق میري یہ رپورٹ (report) لاہور میونیسپالٹي (Lahore municipality) کے دفتر مین بھي موجود ہے *

دوم — سنه ۱۹۲۱ع کے سنٹرل پراونسس (Central Provinces) کے قحط زدہ علاقون سے نہایت بیمار یتیم لڑکے لڑکیان آریہ سماج کے یتیم ادھار فنڈ کي بدولت موت کے منہہ سے بچائے گئے - جن مین سے ایکسؤ سے زیادہ لاہور کے یتیم خانہ مین رکھکر ان کا علاج اؤر پرورش کي گئي - اؤر یہ سب میرے زیر علاج تھے - اسلئے انکو بھي بطور in-door patients رکھکر انکے علاج مین نہایت کم خرچ بالا نشین دیسي دوائیون کے استعمال سے مجھے بڑي کامیابي ہوئي - سوائے چند ایک یتیمون کے جو کہ آتے ہي راستے مین مرگئے یا یہان لاہور مین پہنچ کر چند دنون مین چل بسے - ایشور کي کرپا سے باقي سب اس وبائي قحطي مرضون کے پنجے سے بچا لئے گئے - جنھون نے بچشم خود قحط زدہ علاقون مین ایسے پنجر ہي پنجر نکلے ہوئے بچون کي حالت دیکھي ہوئي ہے - یا کم از کم ان کي فوٹو تصویرین دیکھنے کا ہي جنکو اتفاق ہوا ہے - وہ بخوبي سمجھہ سکتے ہین - کہ ایسے بچون مین کئي ہفتون تک اٹھنے بیٹھنے کي طاقت نہین ہوا کرتي - پھر اسکے سوا جو رد بلا قحط کے دنون مین وہ وہان کھاتے رہے ہین - انسے کئي بھیانک مرضین انکے جسمون مین پیدا ہوگئي تھین - جن کا طاقت آنے پر بھي مدتون علاج کرنیکي ضرورت تھي - اؤر سب سے بڑھکر یہ کہ ہیضہ - نمونیہ وغیرہ کے قریباً سب کے سب شکار ہوتے رہے بخار اؤر کھانسي اؤر جلدي امراض تو گویا ان کا گھیراہي ڈالے رہتے تھے - مگر شکر ہے پروردگار کا - کہ اب ان سب کي حالت معمولي بچون سے بہتر ہے - اؤر یہ سب علاج محض خلط شناسي اؤر اربعہ عناصر کی تاثیري تبدیلیون پر منحصر رہے ہین *

ذیل مین صرف چند ایک مرضون کے نام و ان کي مختصر علامات لکھکر یہ دکھلاؤن گا —

۱ — چیچک کي مریض - ۲ — خون کے قے اؤر دست - ۳ — خراب بخار - ۴ — ہیضہ - ۵ — نمونیا - ۶ — کرم شکم - ایک ایک فٹ لمبے قے اؤر پاخانہ کہ راستے نکلے - ۷ — کرم دماغ - چھوٹے چھوٹے کیڑے دماغ سے ناک کے راستے خارج ہوئے - ۸ — زہریلا زخم جسکے لئے ڈاکٹر ٹانگ کاٹنا ضروري سمجھتے تھے - ۹ — گلے کي اندروني بیماریان - ۱۰ — گلے کے باہر کي گلٹیان اؤر پھیڑین - ۱۱ — بیہوشي کے دورے مرگی وغیرہ - ۱۲ — ایک مریضہ کي خطر ناک - ۵ گھنٹے کی بیہوشي جو بالکل موت کے منہہ سے بچي - اؤر - ۱۳ — کانچ نکلنا - ۱۴ — خارش بدن اؤر دیگر جلد کي بیماریان وغیرہ *

غرضیکہ طرح طرح کي مرضین محض تشخیص خلطي اؤر آسان علاجون سے رفع ہوچکي ہین *

(d) - معالجہ کے بندوبست کے اکتفاء کے لحاظ سے - طبي تعلیم کے مرکزون کي مناسب حالي کے لحاظ سے - ملکي طبابت کے موجودہ طبابت خانے خاطر خواہ نہین ہین *

(e) — ہر ایک ضلع مین کم از کم ایک ایک دیسي — آیورویدک — اور یوناني طبابت خانہ سرکار کي طرف سے قایم کیا جاوے — اور اسمین in-door patients ضرور رکھے جاوین — اور بعد ازان کامیابي کي رپورٹین موصول ہونے پر ان دیسي طبابت خانون کو بڑہایا جاوے *

طبي تعلیم بھي ان طبابت خانون کے متعلق لائق معالجان کي مرضي کے مطابق ہوني چاہئے *

۷ — اور اس کے سب ضمنون کے ضروري — مختصر جوابات اوپر بیان ہوچکے ہین *

۸ — کلکتہ یونیورسٹي (Calcutta University) کے کمیشن (Commission) کے اس خیال سے مجھے اتفاق نہین — کہ ملکي طریق طبابتون کي قیاسی توجیہات (جو حقیقت مین محض قیاسي هي نہین ہین بلکہ علمي اور عملي سچائي پر منحصر ہین) مسترد کرنے کے قابل ہین — جب تک مغربي طریقہ طبابت کے پیرو — ہندوستاني طریقہ ہائے طبابت کو بغور نہین پڑہتے اور سمجھنے کي کوشش نہین کرتے ہین — تب تک ان کا یہ الزام واجب نہین — اس صداقت کو وهي ڈاکٹر ٹھیک طور پر محسوس کرسکتے ہین — کہ جنھون نے ڈاکٹري کے ساتھہ آیورویدک یا یوناني طریقۂ طبابت کو بھي بغور مطالعہ اور تجربہ کیا ہي — اور ایسے ڈاکٹر دیسي ملکي طریقون کي طبابت کے قیاسي توجیہات کے قایل ہین *

۹ — مجھے اس بات سے اتفاق ہي — کہ ملکي طبابت کے نصاب تعلیم مین جدید علمي طریقون کي تعلیم بھي رایج کي جاوے — مگر اس کا یہ اثر نہین ہونا چاہئے — کہ جسطرح غیر ملکي دوائیون کے پھیلاؤنے ملکي دوائیون کي حالت کسمپرسي کي کردي تھي اسیطرح پر انگریزي طریقہ تعلیم پورا نے نہایت ضروري طریقہ تعلیم کو (جو ہندوستانیون کے لئے از بس ضروري ہي) — نیست و نابود کردے — اسلئے مین یہ زور دیتا ہون — ملکي طریقہ ہائے طبابت کے مستند — لایق — تجربہ کار طبیبون کي رائے کے مطابق ملکي طبي تعلیم ہوني زیادہ ضروري ہي — ہان مزید بران نئے طریقہ کي تحقیقات کا فائدہ اٹھانا بہر حال اطبا کا فرض ہي *

۱۰ — طبابت کے ملکي طریقون کي نسبت طبي رجسٹري کے قانون سے اگر علم طب کي اشاعت اور تحفظ منظور ہي — تو مین اسکے حق مین ہون — ورنہ اس رجسٹري کے قانون سے مسدود ہونیکا اندیشہ ہي *

۱۱ — مغربي طریقہ طبابت اور ملکي طریقہ طبابت کے معالجہ کے خرچ کے بارے مین میري یہ رائے ہي — کہ ملکي طریقہ طبابت آیورویدک اور یوناني نہایت کم خرچ اور بالا نشین ہي *

ان کي ارزاني اور سستا ہونے کے ثبوت اور وجوہات اس سے بڑہکر اور کیا ہوسکتے ہین — کہ ہمارے ملکي علاج ہمارے گھر کي موجودہ کھانے پینے کي روزمرہ کي چیزون سے ابتدا کرتے ہین — محض پاني کے سرد — اور گرم — استعمال سے شروع شروع مین بیشمار مرضون کے علاج ہوسکتے ہین — پھر اس سے بڑھکر ملک کي جڑھي — بوٹي — اور درختون کے بیشمار استعمال بے شمار مرضون کو دفع کرتے ہین — اور دیہات مین غریب لوگ بہت سے اس قسم کے علاج بلا قیمت هي حاصل کرسکتے ہین — اس سے آگے چل کر گھرون مین پالتو حیوانات — کے علاج کے طور پر بیشمار فائدے ہین — یعنے یتیم خانہ کے مریضون کي پیٹ کي خرابیان "گئو موتر" سے راضي کي تھین — جسپر ایک پائي خرچ نہین ہوتي — اسي طرح علي ہذا القیاس *

لیکن اس سے یہ نہین سمجھنا چاہئے کہ قیمتي نسخہ جات کا ملکي طبابت مین کوئي کام نہین نہین بلکہ قیمتي سے قیمتي ادویات نازک طبیعت امیرون کے لئے موجود ہین — اور یہي تو خوبي دیسي طبابت مین ہي — کہ ہر دوائي کي تاثیر اربعہ عناصر کے لحاظ سے مقرر کي جاتي ہي — اور یہ عناصري اجزاء کم خرچ چیزون سے بھي حاصل ہوسکتے ہین — اور بیش قیمت چیزون سے بھي حاصل کئے جاتے ہین *

۱۲ — میری رائے میں طبابت کے ملکی طریقوں کے گھٹنے کا باعث اور سب سے بڑا باعث یہ ہوا - کہ سرکار عالی و قار اور سرکار کے ذوی الاقتدار ڈاکٹروں نے دیسی طبابتوں کو بجائے ابھارنے کے دانستہ " یا نا دانستہ " بیہودہ طبابتیں سمجھا - اور ان کی بد نامی کو علمی و عملی طور پر پھیلایا *

مسلمان بادشاہوں کے وقت میں انگریزی راج سے پہلے یہہ ثبوت پایا جاتا ہی - کہ حاکمان وقت اور انکے اپنے ساتھہ آئی ہوئی طبابت اور طبیبوں کو ملکی ہندی طریقۂ طبابت سے کسی طرح کی کاوش نہ تھی - بلکہ محض ہندوستانیوں کی صحت کے خیال اور انکی آسائیوں کو مد نظر رکھتے ہوئے ان دنوں میں یہہ وطیرہ اختیار کیا جاتا تھا - کہ ہندی طبابت کی صداقت کو بلا روی رعایت اور بلا کسی قسم کے تعصب علمی یا مذہبی کے نا صرف اختیار کیا جاتا تھا - بلکہ اس صداقت کو پھیلایا جاتا تھا - اور اس صداقت کو کھلم کھلا سرکار دربار میں تسلیم کیا جاتا تھا - چنانچہ عبارت ذیل کا ملاحظہ ہو جو "معدن الشفاء سکندر شاہی" کے دیباچہ سے نقل کی گئی ہی —

" بحسب تجارب معلوم شدہ - کہ حکمت یونان مناسب و ملایم امزجۂ مردم دیار ہند نمے آید و موافق آب و ہوائے این بلاد نمے گراید و چون اسامی ادویہ بزبان فارس - و یونان مسطور است حقیقت آن درین ولایت معلوم نمے گردد - و اکثر آن یافتہ ہم نمے شود - پس ضرورت گشت تتبع کتب حکماء ہند کہ چون مقناطیس است بر آہن اقسام ابنیہ وفساد امزجہ را " *

خیال کرنیکی بات ہی - کہ مسلمان بادشاہوں کے وقت جہاں طب یونانی کی بہتری اور ترقی شاہی طبیبوں کو مطلوب تھی - وہاں ہی ہندی طبابت کی پامالی کرنا گناہ عظیم سمجھا جاتا تھا - بلکہ اسکی صداقتوں اور ملکی آسانیوں کو مد نظر رکھتے ہوئے ہندی طبابت کو بھی علمی اور عملی اشاعت دینا شاہی طبیبوں اور سرکاری درباروں کا فرض منصبی تھا *

اور ان بادشاہوں کے وقت میں یونانی طبیب ہندی طبابت سے اور ہندی طبیب یونانی طبابت سے بہرہ ور ہونا ہی طبابت کا کمال خیال کرتے تھے - کیسی نیک نیتی تھی کہ اسوقت کے شاہی درباری اور شاہی حکیم محض ذاتی منافعہ اور ذاتی تجارت کو ہی مد نظر نہ رکھتے ہوئے - ہند کے باشندوں کے روحانی علوم یعنی دینیات اور جسمانی علوم یعنی معالجات بدنی کی توقیر کرتے تھے - مگر بد قسمتی سے - انگریزی راج میں ہندوستانیوں کے روحانی اور جسمانی دونو قسم کے قدرتی صحت اور ایمان بخش جذبات اور خواہشات کو انکے قدرتی علموں کی پامالی کے سبب سخت دھکا لگا ہی - اور تا حال یہہ اندیشہ ہی - کہ اسکی ترقی کی آڑ میں کہیں اور بھی ان ہندوستانی علوم الاجسام و علوم الارواح کا ملیامیٹ نہ ہوجاوے *

کیا سرکار انگریزی ڈاکٹروں اور مشنریوں کی طرح ہندوستانی معالجوں اور ہندوستانی مذہبی مشنریوں کی بھی انسانی حقوق کے خیال سے فراخدلی کے ساتھہ کھلم کھلا انکی مدد اور عزت و توقیر قایم نہیں رکھسکتی -

۱۳ — اگر سرکاری دیسی ملکی طریق طبابتوں یونانی اور آیورویدک کی پائمالی کا کفارہ کرنا چاہتی ہی - تو کم از کم ہر ضلع میں ایک ایک دیسی طبابت خانہ آیورویدک اور یونانی ضرور قایم کرے - جہاں in-door patients بھی رکھے جاویں - اور طالب علموں کو طبی تعلیم بھی دی جاوے - اور اسمیں انگریزی تحقیقات علم العلاج اور طبی اضافوں پر بھی غور اور عمل کیا جاوے *

اور علاوہ ازیں ہر جگہہ سکولوں میں پرائمری - مڈل - اور ینٹرنس کے طلباء کو انکی سمجھہ کے مطابق ملکی طریقوں کے تشخیص اور علاج کے متعلق موٹی موٹی باتیں پڑہائی اور سمجھائی جاویں - تاکہ چند سال بھر میں پھر اس علم کا رواج گھر گھر میں عام ہوجاوے *

میرے خیال میں ہر ایک سکول میں ایک ایک دیسی طبیب کی خدمات حاصل کرنا ضروری ہیں - ہاں جب یہہ تعلیم کورس کا ایک حصہ ہي سمجھي جانے لگیگي - تو پھر پڑھانے والے سب استاد خود بخود اس کے واقف ہوجاویںگے - اور بغیر طبیبوں کے بھی اپني جماعتوں کو دیسي طبابت کے خلطوں کے مسئلہ اور دیسي دوائیوں کي خاطي تاثیروں کے علم سے مالا مال کردیا کرینگے *

پیشتر اسکے کہ میں اپنے مضمون شہادت کو بند کروں - میں یہہ بھي جتلا دینا چاہتا ہوں - کہ ہماري خلطوں کي کسوٹي بھي اربعہ عناصر سے ھي اخذ کی گئي ہاي *

اور

یہہ کسوٹي دنیا بھر کے علاجوں میں یکسان مفید ثابت ہوسکتي ہاي - بشرطیکہ اس کسوٹي کے علم الاخلاط کو بخوبي سمجھہ لیا جاوے *

بقلم جناب حکیم ہري گوبند صاحب بہادر وید - حیدرآباد دکن *

ملکي طبابت کے اصول طریقوں کي تحقیقات اور اسکے ساتھہ سائنٹفک ہونے کي معلومات، حاصل کرنے والي کمیٹي منعقدہ مدراس

اور

اوسکے متعلق بید اور اطبا پر چند طبي سوالات کي ابتدائي یادداشت *

میں قبل از اسکے کہ ملکي طبابت کے اصولي طریقوں کي تحقیقات بغرض سائنٹفک ہونیکي معلومات حاصل کرنیوالي کمیٹي مدراس کے سوالات کو حل کروں اور اوس کا شافي جواب دوں کچھہ عرض کرنا ضروریات سے ہاي ایسا خیال کرتا ہوں *

ہمارے آل انڈیا میں انواع و اقسام کي طبابت رایج و مروج ہاي مگر از انجملہ تین قسم کي طبابت سائنٹفک اور جید ماني گئي ہیں - ایک آیورویدک - دوسري یوناني - تیسري آلوپاتک جسکو ڈاکٹری طب کہتے ہیں *

واضح ہو کہ سنہ ۱۹۱۰ع میں بمقام بمبئ آل انڈیا کے ڈاکٹروں کي ایک کمیٹي اعلیٰ پیمانہ پر منعقد ہوي تھي جسمیں بید اور اطبا شامل نہیں تھے - صرف ڈاکٹروں کا بڑا بھاري اجماع تھا اوسمیں ایک رزولیوشن پیش ہوا اور وہ پاس ہوگیا کہ (آیورویدک سسٹم اور یوناني سسٹم یہہ دونوں محض ناقص اور اَن سائنٹفک ہیں بلکہ انکو خیالي ڈھکوسلوں کا مجمع کہنا کچھہ مبالغہ نہیں ہاي) تجویز ہوي کہ ان دونوں طبون کو باضابطہ بنانے کی کوشش کي جائے تو بہتر ہاي چنانچہ ایک میڈیکل رجسٹریشن آکٹ کے نام سے قانون پاس ہوگیا - جب اوسکي تعمیلات کا آغاز ہوگیا تو بید اور اطبا اوسکے سمجھنے میں غلطي کئے اور سمجھہ تو اوسکو الٹھا سمجھہ گھبرائے *

ہندوستان میں چارونطرف اسي کي ہر بونگ مچگئي فن داں جاگے - ادہم مچادیا طب قدیم کے بقا کي فکر کي گورنمنٹ میں مسئلہ پیش ہوگیا - آکٹ کي تعمیل رک گئي مگر معلوم ہوتا ہاي کہ اسکي آگ اندر ہاي اندر سلگتي رہي جو (۲۱) جنوري سنہ ۱۹۲۱ع کو لیجسلیٹیو کونسل میں بھڑکي اور ایک تجویز منظور فرمائي گئي جسکي بناپر گورنمنٹ میں اسبات کي سفارش کیگئي کہ وہ ملکي طبابت کے طریقوں کے واسطے جدید انتظام کرے - حکم سرکار پي - ایچ - پریس مورخہ ۱۷ وین اکتوبر سنہ ۱۹۲۱ع کے مطابق گورنمنٹ سے ایک کمیٹي اس غرض سے مقرر کي گئي کہ (وہ ملکي طبابت کے طریقوں کا اعتراف کرے اور ترقي دینے کے مسئلہ کے متعلق رپورٹ پیش کرے) اس حکم کی بنیاد پر کمیٹی کي یہہ خواہش ہاي کہ تمامي بید اور اطبا کی رائے اور اونکے خیالات سے واقفیت حاصل کي جائے تاکہ محاکمہ کرنے میں سہولت ہو - خواہش اچھي - تجویز عمدہ - خیالات درست - مگر ہمکو جو خوف ہاي وہ بھي

درست چنانچہ بمبئ کے اجلاس مین جسمین کہ بید اؤر اطبا کي بالکل شرکت نہ تھي آپس مین ڈاکٹرون نے دو دیسي طبابتون یعنے آیورویدک سسٹم اؤر یوناني سسٹم کا قلع قمع کردیا - انجاني سے ان دونون ملکي طبابتون کو ان سائنٹفک ٹھہرا دیا جسکا جھگڑہ ابتک چلا جاتا ہي کہیں اس مرتبہ بھي ایسا نہ ہوجائے کہ آپس مین بیٹھکر تصفیہ کرلین اؤر ماہران ملکي طبابت مونہہ تکتے رہجائین اگر خوف ہي تو اس بات کا اؤر ڈر ہي تو اسي امر کا ورنہ ہم کمیٹي کے ارشاد کي تعمیل مین سرمو پیچھے نہ ہٹینگے ایک ایک سبجکٹ پر بحث کرکے مطابقت کر دکھلائینگے کہ ہمارے آیورویدک سسٹم مین جدید علوم سے مطابقت کرنے والے کتنے علوم ہین - کوئي انصاف کي نظر سے اس طرف اپني توجہہ مبذول فرمائین تو اونہین صاف ثابت ہوجائیگا اؤر دودہ کا دودہ اؤر پاني کا پاني ہوجائیگا - سوالات کي تمہید مین یہہ بڑا غضب ڈھایا گیا ہي کہ جو جواب دیا جائے (جدید علم کے لحاظ سے قابل پذیرائي ہو اؤر ایسے امور کا ثبوت جو جدید علم مین منطقي طریقے کے ہون جس سے ایک خاص قسم کا نتیجہ بر آمد ہوتا ہو - وہ با واسطہ قابل قیاس ہون مانے جانے کے قابل ہونگے) سواے اسکے تنزیلات یا مقدس آیات یا غیر قابل نکتہ چیني احادیث کي سند انکي قدر اؤر ابواب کے متعلق کیسي هي ' بڑھے چڑھے دلایل کے ساتھہ کیون نہ ہون بطور جایز شہادت جدید علم کي رو سے قابل پذیرائي نہین ہین - اس عبارت کا مفہوم صرف ملکي طبابتون پر اطلاق نہین پاتا بلکہ اس اعتراض کا قیاس جدید تحقیقات پر بھي عاید ہوسکتا ہي مگر ہم کو اسکي کیا ضرورت ہي جو ایسا ایراد کرین اسوقت صرف ہمارا یہہ کام ہي کہ کمیٹي کے سوالات کے جواب مین اؤر جہانتک ہم سے ہوسکے مطابقت کردکھلائین اؤر اپني ملکي طبابت کو جدید تحقیقات کے ساتھہ مقابلہ کرتے ہوے سائنٹفک ثابت کرین ہماري طب کے قدامت کے ثبوت مین تاریخي حوالات - ملکي طب کي فضیلت کے لئے انکے موجدون کا ذکر - سائنس سے مطابقت کردکھانے والے علما کي کیفیت وغیرہ وغیرہ یہہ مہینون مین ختم ہونیوالي بات ہی لہذا تھوڑي دیر کے لئے نظر انداز کردي گئي *

مین معزز ممبران کمیٹي کي خدمت اقدس مین دبي زبان سے کچھہ التماس کئے بغیر رہ نہین سکتا کہ کیا وہ طب جسکو سرکار کے دست شفقت کا سایہ رہا تو سائنٹفک ہوسکتي ہي ۲ *

کیا وہ طب کہ ابھي جسکي تحقیقات کو استقرار نہین ہي اؤر انکے پروفیسرون کو اپني طب کے نا مکمل ہونے کا اعتراف ہي ایسي طب با ضابطہ ہوسکتي ہي یا سمجھي جاسکتي ہي - کیا ۳ ایسي طب کہ زمانہ ماسبق مین کسي طب کا ترجمہ ہي کیا وہ طب اصلي کے مقابل مین فضیلت پاسکتي ہي یا کیا *

کسیکو برا معلوم نہ ہو تو ہم اسبات پر آمادہ ہین کہ اپنے کتب قدیمہ کے ساتھہ جدید طب کو ترجمہ ثابت کرین اؤر قدیم طب سے مطابقت کرتے ہوے کمیٹي کے منشاء کو پورا کر دکھلائین اسکا نتیجہ یہہ ہوسکیگا کہ قدیم سائینسٹفک طب اؤر جدید سائنسٹفک طب آپس مین ملکر اپنا ابناي جنس کي ہمدردي اؤر حاجت برآري مین ایک نیا نصاب پیدا کرسکیگي جو ہمارے لئے نعیمت ہوگا مگر آپس مین ہرایک سسٹم والون کو چاہئے کہ تعصب کو دل سے مٹائین اؤر خود غرضي اؤر خود دلپسندي کو پاس پھٹکنے نہ دین *

یہہ امر پوشیدہ نہین ہي کہ قادر مطلق نے اپني قدرت کاملہ سے ہر صنف ملک کے اعتبار سے - آب و ہوا کے لحاظ سے - مزاج و قوي کے خیال سے - اس ملک مین کام آنیوالي جڑي بوٹیان پیدا کي ہین اؤر وہان کے حادث ہونیوالے امراض کے رفع کرنیکے لئے اون جڑي بوٹیون مین قدرت نے اون امراض کے ضد مین کہ اوسکو دفع کرے تاثیرات کوٹ کوٹ کر بھردي ہین - اس تمہید کا مضمون بہت وسیع ہي جو ارباب کمیٹي پر ظاہر و مبرہن ہي - لہذا قطع نظر کرکے سوالات کے جواب دینے کے لئے ہم آمادہ ہین - التماس ہي کہ غور سے ملاحظہ فرمائین تاکہ اس سے کوئي نتیجہ بر آمد ہوسکے *

سوالات *

(۱) آپ کس قسم یا اقسام کی ملکی طبابت کے طریقون کی پیروی کی تجویز بتلاتے ہین – آیورویدک – یونانی – یا سدہ *

جواب *

چونکہ مین قدیم آیورویدک سسٹم کا جاننے والا اور اوسکے بقا کا خواستگار – اوس کا ممدو مددگار ہون و نیز طب یونانی کو بھی جانتا ہون لہذا اوسکا طرفدار – ڈاکٹری کے مسایل بعض بعض ایسے ہین جو قابل اعتراف ہین بنابران ڈاکٹری کا بھی طلبگار ہون *

حقیقت تو یہہ ہی اسکو کوی مانے تو فبہا نہین تو کوئی شکایت نہین ہی – کہ آیورویدک سسٹم اور یونانی سسٹم اور ڈاکٹری کو اگر غور کی نظر سے دیکھا جائے تو فروعاتی اختلافات پاے جاتے ہین اصولی طریقون مین چندان فرق نہین معلوم ہوتا ہماری راے مین اکثر مسایل کے مطابقت ہوتی ہی جسکو ہم آگے چلکر معزز ارباب کمیٹی کی خدمت فیضدرجت مین پیش کرینگے

سوال دوم *

ضمن — (۱) آپکے طریقہ طبابت کے مطابق بیماری کے اسباب کی قیاسی توجہہ یا توجیہات کیا ہین براہ کرم آپ ارباب کمیٹی کو اپنے خیالات سے مطلع کیجئے کہ اسکے حسن و قبح کے بارے مین جو راے کہ (جدید علم سے ثابت ہوی ہی) آپکے قیاسی توجہہ یا توجیہات امتحاناً کہان تک مطابقت رکھتے ہین ؟

ضمن — (۲) آپ کے طریقہ طبابت مین نبض شناسی اور معالجہ کے اصول اور طریقہ کیا ہین – آپکے طریقہ طبابت کی موافق جو معالجہ کہ کیا جاتا ہی اسکی عام تاثیر کے متعلق آپکے خیالات جو کچھہ ہین اون سے ارباب کمیٹی کو مطلع کیجئے اور آپکے بیانات کے تائید مین جہان ممکن ہی وہان حقیقت حال اور اعداد کو پیش کیجئے *

ضمن — (۳) ایا آپکا خیال یہ ہی کہ معالجہ کے ملکی طریقہ چند حالات مین دیگر طریقون کی بہ نسبت زیادہ موثر ہین – اگر اپکا خیال یہی ہی تو اپکے بیان کی تائید مین دلایل پیش کیجئے *

جواب سوال دوم *

یہہ ایک مانی ہوی بات ہی کہ دنیا عالم اسباب ہی – اس عالم اسباب مین لاکھون کڑوڑون قسم کی اشیا جو دیکھائی دیتے ہین وہ سبب یا اسباب کا مجمع مانا جاتا ہی – چونکہ دنیا متغیر ہی ہروقت اسمین تغیرات ظاہر ہوتے رہتے ہین – جو متغیر ہی وہ حادث ہی – متغیرات عالم کے واسطے مغیرات کی سخت ضرورت ہی کس واسطے کہ بے علت کے معلوم اور بغیر سبب کے سبب وجود مین آنہین سکتا علیٰ ہذا بغیر اسباب کے کسی قسم کا مرض یا امراض حادث نہین ہوتے – اس بارے مین پروفیسران ماسلف نے فرمایا ہی کہ سبب بھی بے سبب نہین ہی *

اس تقریر کا نتیجہ یہہ ہوتا ہی کہ دنیا کی کوئی شئ خواہ وہ مرعی ہو یا غیر مرعی بغیر اسباب کے پیدا ہو نہین سکتی یہہ ذکر عام اسباب کا ہوا جسپر ایک بڑی بحث ہوسکتی ہی *

اب ہمکو یہان سے خاص اسباب امراض کا بیان مقصود ہی – کمیٹی کے معزز ارکان کے عمدہ اور اعلیٰ خیالات کو اس طرف مبزول کرانا چاہتے ہین تا کہ وہ صحیح محاکمہ کرین *

واضح ہو کہ امراض کے اسباب کے متعلق آیورویدک سٹم کے رشیون کی تحقیقات کچھہ اور ہے ڈاکٹری کے پروفیسرون کے معلومات کچھہ اور نیز حکماے یونان

کے خیالات کچھہ اور ہین - آیورویدک سسٹم کے رشیون کے تحقیقات مین بھي بڑا بھاري اختلاف واقع ہوا ہي بعض نے چار اسباب پر اکتفا کیا ہي - بعض نے تین اسباب پر حصر کیا ہي - اور بعض نے دوھي اسباب پر ختم کیا ہي - جسکو ہم آگے چلکر بیان کرینگے - ہمارے آیورویدک سسٹم مین اسباب امراض کي تحقیقات کس طرح کیگئي ہي کیا بحث مباحثہ مین جدید تحقیقات سے لگہ کھا سکتي ہي یا نہین اس بات پر غور کرتے ہوے جملہ اسباب کا ذکر کرنا مناسب معلوم ہوتا ہي مثلاً پر ادھانک ہتیو - و پرکرشٹ ہتیو - سني کرشٹ ہتیو - ویبھي چاري ہتیو - اساتمے اندري آرتھہ سنیوگ ہتیو - پر گندیا اپرادہ ہتیو - بري نام ہتیو - اتپادک ہتیو - ونجھک ہتیو - باھسیہ ہتیو - ابھنیتر ہتیو - دوش ہتیو - وبادھي ہتیو - ادیھئے ہتیو - سموائي ہتیو - اسموائي ہتیو - اگنتک ہتیو - یہہ سترہ ۱۷ ہتیو یعنے اسباب آیورویدک سسٹم کے موجدون کي ایجاد اور تحقیقات وتجربہ سے ہین بیان کئے گئے - نمبر ۵ - سے نمبر ۷ تک جن اسباب کا ذکر کیا گیا ہي انپربڑي بھاري سائنٹفک بحث ہو سکتي ہي ہم اگر اساتمے اندري آرتھہ سنیوگ کا ذکر کرین تو اسکے متعلق حواس خمسۂ ظاہري وحواس خمسۂ باطني کا مفصل بیان کرنا ہوگا جو ایک طول عمل ہي جو اس بحث کے سننے مین ایک خاص قسم کا لطف آتا ہي وہ بیان سے باہر ہي اسکو ہمنے کمیٹي مین جو بحث ہو کرطے ہونے والے مسائل پر چھوڑ دیا و نیزنفس امارہ کا بیان بھي گھرا سبجکٹ ہي اسکو بھي ہم نے نظر انداز کردیا - پرگنا اپراد ہتیو وغیرہ کے بیانات اور اسکے فایدے اور سہل انگاریان جو مرض مشخص کرنے مین طب کے اعلي ترین مسایل سمجھے جاتے ہین انکا ذکر کرنا کمیٹي کے رولس کے خلاف ہي لہذا اسکو بھي ہم نے چھوڑ دیا عندالموقع اس مسئلہ پر کچھہ بحث کیجائیگي *

آیورویدک سسٹم کے رشیون نے اسبات کے طرز عمل کو سات قسم پر منقسم فرمایا ہي جو درج ذیل ہین نمت - ہتیو - آے تن - پرتے - اوتھان - کارن - ندان - اسکا ویاکھیان یعنے مفصل بیان طول طویل ہي لہذا ترک کردیا گیا مگر الفاظ کے مختصر معنون کا ذکر کرنا مناسب پایا جاتا ہي - نمت اوسکو کھتے ہین جو مرض کے ساتھہ ساتھہ ملا رہے - ہتیو (روگ کو بڑھانے والا) آئے تن (جسمین روگ محفوظ رہے) پرتے (جس سے کہ مرض ظاہر ہو) اوتھان یہہ مرض کو اشتعالک دینے والا - کارن یہہ مرض کا احداث اور شیوع کرتا ہي - ندان یہہ مرض کو اچھي طرح ظہور مین آنیوالا - اسبارے مین بعض حکماکي ضمني یہ بھي رائے ہي کہ اسباب سمادي اور اسباب ارضي اور اسباب اشتر کي جبتک آپس مین مشترک نہین ہوتے اور اپني مجموعي کیفیت فاسدہ کے ساتھہ کمال درجہ کو نہین پہونچتے اور ایک معتدبہ حالت قبول نہین کرتے اوسوقت تک فصول ستہ کے منجملہ کوئي فصل نہین بگڑتي جبتک فصل نہین بگڑتي ہوا نہین بگڑتي اور جبتک ہوا نہین بگڑتي جبتک غذا نہین بگڑتي اخلاط نہین بگڑتے - جبتک اخلاط نہین بگڑتے کسي قسم کا مرض یا امراض حادث نہین ہوتے اسباب سماوي و اسباب ارضي کا مسئلہ ایک پیچیدہ مسئلہ ہي اسکو مفصل بیان کرنا بھي یہان بے ضرورت خیال کیا جاتا ہي اور اسکا تعلق تاثیرات ملکي جو اجزاے ارضیہ پر بطریق ہتیو انضباط پاتے ہین اور اجزاے ارضیہ کو بگاڑتے ہین یعنے انواع واقسام کے سمیات باعتبار فصل اجزاے ارضیہ پر ایک خاص قسم کا تغیر پیدا کرتے ہین جو باعث مرض سمجھے جاتے ہین یہہ مسئلہ سائنٹفک اور بہت نازک ہي جو تھوڑے عرصہ مین اسکا بیان بہت ھي طول وطویل ہي خوف ہوتا ہي کہ معزز ارباب کمیٹي اسپر طویل ہونے کي وجہ سے غور نہ فرماے تو ساري محنت ملیامیٹ ہو جائیگي اور اصلي مقصود فقروا - معزز ارباب کمیٹي کے ارشاد کي موافق نمبر ۱ سے نمبر ۴ تک کے اسباب کو بیان کرنا چاہتے ہین - پرادھانک ہتیو - و پرکرشٹ ہتیو - سني کرشٹ ہتیو - ویبھي چاري ہتیو - ایسے چار اسباب جسکو پروفیسر ہري چندر اور ہري چندر بھٹاچاري نے اپنے گرنتھہ کے اپ کلپني ادھا مین صاف طور پر لکھا ہي کہ یہہ چار اسباب مرض کے حادث کرنے اور شیوع کا سبب سمجھے جاتے ہین اپني ذاتي فطرت و تاثیر و قوت وجودت سے جسم کے کسي

حصہ کو ماؤف کرکے یا تمامی جسم مین اپنا زہریلا اثر پہیلا کر انواع واقسام کے امراض وعوارضات پیدا کرتے ہین جسکو جدید تحقیقات کے پروفیسرون نے مانا ہی اور دل سے اعتراف کیا ہی اسکا ہم بیان کرنا مناسب خیال کرتے ہین - پرادھانک ہتیو - جسکو سبب اول کہہ سکتے ہین یہہ وہ سبب ہی کہ سری پرش کے سنیوگ کے وقت یعنے ملاپ کے وقت دونون کا مزاج جس قسم کا ہو اور آپس مین دونون کے مزاج کے امتزاج کے بعد تیسرا مزاج پیدا ہوجاے یا جس قسم کا مزاج قایم ہو جاے اوسکو مزاج فطری بہی کہتے ہین کسواسطے کہ وہ مزاج داخل فطرت ہوگیا ہی اور مزاج استقرار پایا ہی اور اس مین جس قسم کے اسباب داخل ہونگے یا اشتراک پائینگے اپنی اصلی فعل یعنی فطری فعل کو لئے ہوے ہونگے اسمین ذرہ بہی اختلاف نہین ہوگا مگرہان (یہہ بات کسی سسٹم کے پروفیسر کے سمجہہ مین نہ آئے اور کسی وجہ سے گریز کرجاے تو یہہ بات دوسری ہی ہمکو اسکے مفصل سمجہانے مین بڑی بہاری مجبوری ہی جونکہ یہہ مسئلہ پیچیدہ ہی اور بحث طلب ہی لہذا اسی پر اکتفا کرتے ہین *

پرادھانک ہتیو جسکو ہم سبب فطری کہہ رہے ہین یہہ سبب مرض کے پیدا کرنے مین رتو یعنے فصول مدہ کی مدد چاہتے ہوے اور ارکان اربعہ یا خمسہ اور عناصر اربعہ یا خمسہ کے ذریعہ سے ایک لطافت کی صورت مین جب داخل جسم ہوتا ہی تو ذرات لایتجزی عناصر کو بگاڑ دیتا ہی اور ایک قسم کی تغیر پیدا کردیتا ہی جسکو ہم سبب بعیدہ مرض نام رکہتے ہین اور اسی کو جدید تحقیقات مین یعنی ڈاکٹری مین ریموٹ کاز کے نام سے موسوم کیا ہی اگر چیکہ ریموٹ کاز کے معنی پیچہے اور بعید کے ہوتے ہین مگر جو لطف پرادھانک ہتیو کے بیان ہین غور کیجائیگا تو ریموٹ کاز مین نہین پائیگا - ہمارا خیال ہی کہ بجاے ریموٹ کاز کے پریم کاز کا نام رکہا جاتا تو بہتر ہوتا خیر اسکا کیا ذکر - یہہ غلطی ڈاکٹری سے نکل جاے یا نکالدی جاے تو آیورویدک سسٹم اور آلوپتا تہک سسٹم زبان کے فرق سے علیحدہ سمجہا جائے تو اسکا مضایقہ نہین مگر مضامین کے اعتبار سے ایک ہی مانے جانے کے قابل ہی - قدامت نے لحاظ سے آیورویدک کا ترجمہ مانا جاسکتا ہی اس اہم مسئلہ کو جدید تحقیقات والون نے شرح وبسط کے ساتہہ بیان نہین فرمایا اسکی وجہ نہین معلوم کہ یہہ مسئلہ مفصل بیان کئے بغیر نظر انداز کردیا چٹ پٹ اسکو دو قسم پر منقسم کردیا ایک پریڈسپوزنگ کاز جسکے معنے سبب سے بعیدہ کے ہوتے ہین اور اکسیڈنگ کاز جسکو سبب قریبہ کہتے ہین - پریڈس پوزنگ کاز پرکرشٹ ہتیو کا ترجمہ پایا جاتا ہی جو فصول مدہ کے آب وہوا کے تاثیرات کو قواعد حفظان صحت کی عدم پابندی سے داخل جسم ہو جاتا ہی اور جسم مین ایک اجماعی کیفیت پیدا کرکے معتدبہ حالت کو پہونچکر مرض کو پیدا کردیتا ہی اس سبب کو آیورویدک سسٹم کے بوروج رشیون نے وپرکرشٹ ہتیو نام رکہا ہی اور ڈاکٹری مین اسکا ترجمہ پریڈس پوزنگ کاز کیا ہی جسکو حکماے ماسلف نے چہہ قسم پر منقسم فرمایا ہی - پربہاو - سوبہاو - پرکرتی - دیش - کال - وے اور استری پرش کے بہید سے ونیز خاندان وعادت وپیشہ کے اعتبار سے احداث امراض مین ایک قسم کی خصوصیت رکہا ہی چونکہ اوایل زمانہ طفولیت سے اواخر زمانہ شیخوخیت وغیرہ تک انسان کی حالت ایکسان نہین رہتی جو کیفیت بچپن کی ہوتی ہی وہ جوانی مین نہین پای جاتی - جو حالت جوانی کی ہوتی ہی وہ بڑہاپے مین باقی نہین رہتی لہذا ان حالت کے اختلافات کے اعتبار سے اسباب امرض بہی جدا گانہ ہوتے ہین ہر وقت فطرت بدلتی رہتی ہی اور مزاج ثانی بہی مبدل ہوجاتا ہی *

(وپرکرشٹ ہتیو) جسکو ڈاکٹری مین پریڈس پوزنگ کاز ترجمہ کیا گیا ہی جسکے معنی دور سے آنیوالے زہریلے خواہ وہ تاثیرات فلکی یعنے سیارگان کے اثر سے ہون یا خاندانی اثرات سے ہون یا فصل ناموافق کے زہریلے اثرات جو جسم مین داخل ہو کر اور پرورش پاکر معتدبہ صورت پیدا کرکر امراض کے احداث کا سبب تیار رکہے ہون اور ذرہ سے چہیڑ پر زبردستی کے بہانہ کے طرح مرض یا امراض پیدا کرنے کا باعث ہو جائین اور بہت سے نظایر اس قسم کے ہین جو وہ پرکرشٹ ہتیو کے ساتہہ نسبت رکہتے ہین جسکو ہم طول ہونے کے سبب چہوڑ دیا *

(سني كرشت هتيو) جسكا ترجمه ڈاكٹري مين يون كيا گيا هي يعني اكسيڈنڈگ كاز اسكے معنے يهه هوتے هين كه جو قريب كے بے احتياطون سے مرض پيدا هو مثلاً پريڈس پوزنگ كاز زهريلے اثرات كا معتدبه ماده جسم كے اندر پيدا كراديا مگر ايك تهوڑي سے بات كا محتاج هي كه وه مرض كي صورت مين بهت پڑے (سني كرشت هتيو) اس كو نكهيل كرديتا هي مثلاً قانون كے طب كيے قواعد سد ضروريه كي عدم پابندي يعني خلاف قاعده (هيجن) جو فعل سرزد هوتے هين جيسے كه خلاف وقت مين كهانا اور بے وقت سونا اور لباس كي بد احتياطي مكان اور مكان كي اطراف كي غلاظت اور خلاف طبيعت اور خلاف عادت كے بهت سے فعل هين جو اسباب قريبه كهيلاتے هين انكي چهيڑ چهاڑ معتدبه ماده كو تحريك ديكر مرض پيدا كرنے پر آماده هوجاتے هين *

(ويهبي چاري هتيو) جسكے مرادي معني ڈاكٹري مين سپشل كاز هي ان دونون اسباب متذكره صدر كو آپس مين ملانا هي اور بموجب ماده امراض پيدا كرنے كا باعث هوجاتا هي كه هر شيهندر بهٹاچاري كا مت اور خيال يهه هي كه جبتك چار اسباب اپنے اپنے مدارج كے موافق بگاڑ نهين پيدا كرتے اور ايك دوسري كي شركت ومدد نهين كرتے اوس وقت تك كوي مرض حادث نهين هوتا يهه ذكر اون ذرات لايتجزي كا جسكو كه الكٹرون كهتے هين اور كوي پوروج رشيون مين سے انو - پرمانو - جسكو ايٹم كهتے هين اسكا هوا *

آيورويدك سسٹم كے پوروج رشيون كے طريقه علاج - حقيقت اسباب جاننے كا ايك ذريعه اور هي - ذرات لايتجزي هون يا الكٹرون يا ايٹم هو يا انو يا پرمانو - ان مين جب زهريلا اثر سماتا هي اور انكي حقيقت كو اصليت سے بگاڑتا هي تو اسكا پهلا اثر (سنپورن دوش) يعني اخلاط اربعه پر لاحق هوتا هي اور اخلاط اربعه بهي بگڑ جاتے هين اور وهي صورت اختيار كرتے هين جو ماده غير مرعي مذكوره بالا كي هوتي هي - ماده غير مرعي چونكه وه بهت هي لطيف ماده هي انساني نظر اسكے ديكهنيكي قابليت نهين ركهتي هي جو كچهه كه اسكي تحقيقات هوتي هي وه محض قياسي اور خيالي سمجهي جاتي هي اور اس كا نام مهارشيون نے (پنچ تن ماترا) ركها هي جسكا ترجمه ڈاكٹري مين فيف المينٹس كيا گيا هي *

(پنچ مهابوت) جسكو عناصر خمسه كهتے هين اور يهي دنيا كے كل اشياؤن كے بننے كا سبب مانا گيا هي على هذا جسم انسان كے هرايك عضو كا باعث يهي يهي سمجها جاتا هي وه نيز جنكو كه هم دوش كهتے هين وه اخلاط اربعه هين وه پهلا زهريلا اثر ذريعه بذريعه ان اخلاط تك جب پهنچتا هي تو اخلاط اپني حقيقت سے باز آتے هين اور ان كي كمي بيشي اور انكا بگاڑ باعث مرض هوجاتا هي اسلئے آيورويدك سسٹم كے پوروج رشيون نے اخلاط كي تعريف بڑے زور شور سے كي هي اور بيان كيا هي كه اخلاط هي مرض كے احداث كا باعث هي جب هم تجربه سے ديكهتے هين اور علاج كرتے هين اور انكي كمي بيشي كا خيال ركهتے هين علاج سے جب يهه اعتدال پر آتے هين تو مرض رفع هوجاتا هي صحت كلي حاصل هوجاتي هي اسبارے مين كچهه مختصر سے يهان بيان كرنا نامناسب نه هوگا بعض كا قول هي كه اخلاط سبب هو نهين سكتے بلكه وه مسبب مانے جانے كے قابل هين كس واسطے كه وه خود كسي سبب سے اپني اعتدالي كيفيت سے متغير هوے هين مرض مين جو علامات خلطي ظاهر هوتے هين وه خلطي علامات نهين هين بلكه وه علامات اوس سبب سے (ويركرشت هتيو) كے هين جو اخلاط مين سرايت كيا هي ونيز عوارضات و تكليفات اوس زهريلے سبب كا فعل هي *

بعض كا ايسا بيان هي كه وه سبب جس سے اخلاط متغير هوے هون اور اخلاط تغير شده يهه دونو ملكر مرض پيدا كرنيكا سبب هوجاتے هين اور بعض اسباب كے قابل هين كه وه سبب كه جس سے ذرات عنصري مين تغير پيدا هوتا هي اور ايذا زهريله اثر اجزاے تركيبي جسم نسان مين ڈالكر مرض پيدا كرتا هي - بعض اسباب كو مانتے هين كه جسم انسان كے اعضاے اوليه و ثانيه يعني (پنچ تن ماترا - پنچ مهابوت) اصلي حالت سے پهير دے اور انكي شكل اور فعل مين فتور پيدا كرے *

آیور ویدک سسٹم کے روسے بیان کئے ہوے اناپ شناپ اسباب کا یعنے ہر ایک لفظ کا وجہ تسمیہ اور اوسکے استعمال کا موقع ومحل اور اسکے مثالین بیان کرنا ایک ضروری امر تھا مگر طول ہوجائیگا اس غرض سے ترک کردیا گیا اب خیال ہے کہ ہر سہ سسٹم کے پروفیسرون واچاری وحکما نے جو اسباب کے بارے مین بیان کیا ہے اوسکو ہم یہان پر بیان کرنا مناسب خیال کرتے ہین *

جناب عالے (پرادھانک ہتیو) جسکا ترجمہ پریم کاز ہوتا ہے اوسکو ڈاکٹری مین ریموٹ کاز کیا گیا ہے اور یونانی طب مین سبب اولیہ مانا ہے *

(وپرکرشٹ ہتیو) اسکے ضمن مین (اوپادک ہتیو) اساتمئے اندری آرتھہ سنّیوگ ہتیو - ابھنتیر ہتیو - دوش ہتیو - اسموایو ہتیو - اسکو ڈاکٹرون نے پریڈس پوزنگ کاز اور انڈرنرنگ کاز کہتے ہین اور یونانی حکما اسباب سابقہ داخلی اور اسباب بعیدہ - اسباب مادی - نام رکھا ہے *

سنی کرشٹ ہتیو - پرگیذا اپراد ہتیو - ونجیک ہتیو - باہیہ ہتیو - ویادھی ہتیو جسکو ڈاکٹرون نے اکسیڈنگ کاز - نڈرنرک کاز کہتے ہین اور یونانی حکما نے اسباب خارجی اور اسباب قریبہ مانا ہے - ویبھی چاری ہتیو - یری نام ہتیو - نمت ہتیو - اگذنک ہتیو - پوگ یریوگ ہتیو - اسکو ڈاکٹرون نے سپشل کاز نام رکھا ہے اور یونانیون نے اسباب و اصلہ بد نیہ بیان کیا ہے - اسباب مذکورہ صدر تینون سسٹم کے ساتھہ تطبیق کرکے جو دکھلائے گئے ہین وہ بادی النظر مین کچھہ اختلاف پایا جاتا ہے یہہ قصور اجمالی بیان کا ہے اسکو مفصل بیان مین سماعت فرمائین تو انشاالله تعالی اسکی صفائی ہوجائیگی *

جدید تحقیقات مین پروفیسر ارنج اپنی تالیف کردہ بیاکڑ یالوجی یعنے علم جراثیم مین جس کو کہ (جنتوث شاستر) کہتہ ہین تمامی امراض کا سبب جراثیم مانا ہے اور دلایل سے ثابت کر دکھلایا ہے کہ بغیر جراثیم کے کوئی مرض پیدا ہو نہین سکتا مگر یہہ امر (زیر بحث) ہے آیورویدک سسٹم کے پورج رشیون نے مرض کے حادث ہونیکے قبل سبب یا کئی اسباب سے داخل اور پیدا ہوے ہوے زہر کو جو کئی اقسامون مین بتایا ہے اوس مادہ متعفنہ سے مرض پیدا ہوتا ہے ایسا ذکر کرتے ہوے کل اسباب کو جنکا کہ ذکر اوپر ہوچکا ہے ازانجملہ صرف چار اسباب کو مقدم مانا ہے اور انہین چار اسباب مین پرادھانک - وپر کرشٹ - سنی کرشٹ - ویبھی چاری - ان چار اسبابون سے بحث کی ہے اور یہہ بحث قرین قیاس ہے اور تینون سسٹم مین غور کیا جائے تو آپس مین تطابق بھی ہوتا ہے لہذا اون اسباب کو جنکے کہ بہت سے نام قبل ازاسکے ذکر کئے گئے ہین درگذر کرتے ہوے صرف انہین چارون اسباب سے بحث کرنا اور آپس مین تطابق کرکے دکھلانا بہتر معلوم ہوتا ہے کس واسطے کہ ہر سسٹم کے پروفیسرون کے بتلائے ہوے اسباب دوسرے سسٹم کے مرادف الفاظ سمجھے جاتے ہین اور یہہ تقسیم تینون سسٹم کے مذہب کی روسے صحیح پائی جاتی ہے صرف اسمین زبان کا فرق معلوم ہوتا ہے مگر معنی اور مقاصد اور استعمال کے لحاظ سے ایک دوسرے مترادف سمجھے جانے کے قابل ہین *

پوروج رشیون کا (جنتو شاستر) اور پروفیسر ارنج کی بیاکڑیالوجی ان دونون تحقیقات کی مطابقت یہان کسی قسم سے بے ضرورت سمجھی جاتی ہے صرف اتنا بیان کرنا کافی معلوم ہوتا ہے کہ مادہ سے جراثیم پیدا ہوتے ہین یا جراثیم سے مادہ پیدا ہوتا ہے چونکہ تجربہ سے اکثر ثابت ہوا ہے پہلے مادہ خواہ وہ کسی قسم کا ہو متعفن نہین ہوتا اوس وقت تک اوس مین کسی قسم کے جراثیم پیدا نہین ہوتے جیسا کہ پہلے مادہ کی جہت سے (ٹیفائیڈ فیور) کسی کو حادث ہوتا ہے سات دن تک جراثیم مطلقاً دکھائی نہین دیتے اور نہ مرض صحیح طور پر معالج کے سمجھہ مین آتا ہے صرف علامات ظاہرہ پر علاج کرتا ہے جب علاج مین کامیابی نہین ہوتی ہے تو (بلڈاگزامنیشن) یعنی خون کی تحقیقات کی جاتی ہے اوس وقت جراثیم دکھائی دیتے ہین اور ٹائیفائیڈ فیور اوس وقت نام رکھا جاتا ہے *

آیورویدک سسٹم کے ایسے موقع پر مرض پیدا کرنیوالے کو مادہ کہتے ہین مرض مادي اؤر مرض مادي مرکبہ اؤر مرض مادي ہزمقہ اؤر مرض مادي وبائیہ وغیرہ نام رکھتے ہین اؤر خیال کرتے ہین کہ جبتک مادہ مجتمع معتدیہ حالت مین نہین آتا اؤر متعفن نہین ہوتا جبتک اوسمین جراثیم پیدا نہین ہوتے ۔ پس اس تقریر سے ثابت ہوا کہ جراثیم کسی سبب کے سبب ہین اؤر کسي علت کے معلول ہم یہان پر کہہ سکتے ہین کہ مرض کئي اسباب کا مجموعہ ہاي اؤر جراثیم کي زہریلے مادون سے مشکل ہین پس جراثیم سے مرض کا حادث ہونا جو بتلایا جاتا ہاي بہ دلیل و بہ حجت ہاي ان جراثیم کو مادي ہین مان لیتے تو تینون سسٹم کی تھیوري ایک ھي ہوجاتي ۔ خیر ایسا نہین ہوا اسکا کیا ذکر ہاي *

ضمن — (۲) اب ہم یہان سے مرض مشخص کرنے مین ۔ نبض شناسي سے کیا فایدہ ہوتا ہاي بیان کرتے ہین قبل از نباضي کے فواید اؤر اوسکی حرکت کے نتایج اوس سے مرض کا صحیح طور پر مشخص ہونا بیان کیا جاتا ہاي نبض کس کو کہتے ہین اؤر نبضہ کس کا نام ہاي اسکا پہلے ذکر کرنا مناسب خیال کیا جاتا ہاي ۔ نبض اوس کو کہتے ہین جن جن مقامات پر جہان کہ حکیم اپنے انامله یعنے ہاتھہ کے انگلیان سبابہ ۔ وسطي ۔ خنصر سے غمض کرتے ہین اؤر حرکت کو محسوس کرتے ہین جیسے کہ ہاتھہ کے انگوٹھے کي جڑ مین جو شریان کہ واقع ہاي اوسکو نبض کہتے ہین اؤر اوسکي حرکت انقباضی و حرکت انبساطي کا نام نبضہ ہاي ۔ چونکہ نبض ایک قسم کا جسم ہاي کس واسطے کہ اسمین اقطار ثلاثہ قایم ہوتے ہین یہي اقطار ثلاثہ آپس مین ضرب کہاکر برابر ہوتے ہین (۹) کے اؤر ہر ایک قطر منقسم ہوتا ہاي تین درجون پر (ان تقسیم شدہ تین قسم جب ضرب کھاتے ہین (۹) سے تو برابر ہوتے ہین ستائیس کے ان ستائیس حرکتون کے نام اساتذہ قدیم نے علیحدہ علیحدہ رکھا ہاي ان سے غالباً معزز ارباب کمیٹي بخوبي واقف ہین اسکے بعد نباضي کا قاعدہ شروع ہوتا ہاي اؤر احکام صادر ہوتے ہین جس سے ایک خاص قسم کا نتیجہ برآمد ہوتا ہاي جو مرض کہ بطریق اصح مشخص کرنے مین طبیب کو مدد ملتي ہاي یعنے مرض حادث ہوا تو کن اسباب سے اؤر ظہور پایا تو کن اخلاط کي علامت لئے ہوے اؤر کیا مرض مفرد اخلاط سے حادث ہوا ہاي یا مرکب جسکے جاننے سے اصول علاج مین معالج کے لئے سہولت ہوتي ہاي اؤر مریض کو جلد شفا ہوتي ہاي *

ملکي طریقہ طبابت کے موافق علاج کا اصولي قاعدہ یہہ ہاي کہ پہلے اسباب کو دور ہوے تاکہ مرض کے تکالیف اؤر عوارضات دفع ہوجائین کس واسطے کہ جب سبب دور ہوجاتا ہاي تو مسبب بھي اوسکے ساتھہ ھي ساتھہ دفع ہوجاتا ہاي اوس وقت ادویات کا عام اثر اعضائے رئیسہ و شریفہ پر ایک شایستگي کے ساتھہ ہوتا ہاي جو بقیہ زہریلے اثر کا مادہ باقي رہتا ہاي وہ بالکلیہ جسم سے خارج ہوجاتا ہاي *

آیورویدک سسٹم کا معالجہ ایک سائینٹفک معالجہ ہاي جو باعتبار صنف ملک اؤر اقلیم اؤر یہان کے رہنیوالون کے مزاج و طبیعت کے موافق اشراقي قوت سے قرار پایا ہاي جب ھي تو ہماري گورنمنٹ فیضرسان اؤر انصاف پسند کي ۳۳ کڑور رعایا کو اپنا گرویدہ اؤر فریفتہ کئے ہوے ہاي اگرچہ کہ سرکاري سسٹم یعنے (الوپاتھک سسٹم) رعایا کي حالت بیماري مین مدد کرتا ہاي مگر جس قسم کا رجحان رعایا کا اپني ملکي سسٹم کي طرف ہاي ویسا دوسري سسٹم کے طرف نہین ہاي کوئي غور کي نظر سے دیکھے اؤر انصاف پسندي کرے تو ملکي طب کا مرجوعہ بڑہا ہوا پایا جائیگا جس سسٹم کا مرجوعہ زیادہ ہوتا ہاي وہ ھي سسٹم کامیاب سمجھا جاتا ہاي *

ملکي سسٹم بیمار کو ایک سہل راستہ بتاتا ہاي اؤر غیر ملکي سسٹم اپنے علاج کا متحمل ہونے نہین دیتا ملکي سسٹم کے ادویات اوسکے معالج اطبا اپنے ہاتھہ سے بنا لیتے ہین اؤر اسکا فایدہ اپنے یہان رہتا ہاي اؤر غیر ملکي سسٹم کے معالج گو دوا بنانا جانتے ہونگے مگر ہم اپني آنکھہ سے کسي کو چھوتي سي چھوتي دوا بناتے نہین دیکھا لہذا ڈاکٹري کي بہت ھي کم قیمت کی دوا ہمارے ملک کو آتے اؤر انواع و اقسام

کے صرفہ گوارا کرنے سے چھوٹی قیمت کی دوا بڑی قیمت والی ہوجاتی ہی جسکا بار مریض کے سر ہوتا ہی بلکہ بعض مرتبہ ایسا بھی دیکھا گیا ہی کہ بیرونجات سے دوا طلب کی گئی ابھی وہ دوا آنے نہ پائی بیمار جان بحق ہوگیا *

ضمن — (۳) نظر بوجوہات بالا ملکی معالجہ کے طریقے چند وجوہات سے دوسرے طریقون کی بہ نسبت زیادہ موثر ہین کہ اکثر مرض کی دوا ہمارے ہاتھون سے تیار ہوتی ہی اور اونکا کیمیکل کمپونڈ ہمکو معلوم ہوتا ہی اور یاد رہتا ہی جب ہم نباتات سے کام لینا چاہتے ہین تو اپنے ملک کے طبیعت کے موافق اور یہان کے رہنے والے انسان کے مزاج و امراض کی طبیعت کے موافق ہمارے ہی اطراف و اکناف مین ان تمامی علتون کو دور کرنیوالی جڑی بوٹیان قدرت نے پیدا کی ہین اگر ہم نہ سمجھین تو ہماری عقل کا فتور ہی مگر جب بھی اون اوگی ہوی بوٹیون کی تاثیرات سے ہمارے ملک کے معالج بخوبی واقفیت رکھتے ہین اور اونکی تاثیرات پر حاوی ہین اور اونکے عمل سے ماہر ہین مثلاً ملیریا کے علاج کے لئے کونین بدست نہ ہونے کی صورت مین کالی مرچ تلسی کے پتہ کے رس مین پیسکر گولیان بنائین اور استعمال کرین تو بہت بڑا فایدہ ہوتا ہی ونیز نیب کی انتر چھال پانی مین جوش دیکر دن مین تین مرتبہ جوشاندہ کو ایکیک اونس پی جائین تو ورم طحال اور فساد جگر جو ملیریا کی وجہہ سے ہوتے ہین دفع ہوجاتے ہین اسی قسم کے بہت سے دلایل اپنے بیان کی تائید مین ہم پیش کرسکتے ہین *

سوال سوم *

ضمن — (۱) کیا آپ کسی طبابت خانہ سے تعلق رکھتے ہین – جسمین ملکی طریقون کے مطابق علاج کیا جاتا ہی یا طبی علم سکھایا جاتا ہی *

ضمن — (۲) کیا آپ یہہ سمجھتے ہین کہ ملکی طریقہ طبابت کے موجودہ طبابت خانہ ذیل کے نکتہ نظر سے خاطر خواہ ہین *

ضمن — (۱) معالجہ کے بندوبست کے اکتفا کے لحاظ سے *

ضمن — (۲) طبی تعلیم کے مرکزون کی متناسب حالی کے لحاظ سے *

جواب سوم *

مین بھی ایک بد نام کنندہ نکو نامے چند ہون یعنے خاندانی حکیم ہون اپنے آبائی واجدادی آیور ویدک سسٹم کے طریق پر عرصہ اڑتالیس سال سے حیدرآباد فرخندہ بنیاد مین علاج کرتا ہون اور ایک عالیشان مطب جاری ہی – سرکاری دوا خانون کے طریق پر دوا خانہ مین رجسٹر رکھا گیا ہی با ضابطہ چٹھی دیجاتی ہی – مختلف امراض کے مختلف اشخاص مختلف دور دراز مقامات سے آ آکر رجوع ہوتے ہین اور وہ بافضال آلہی شفا پاتے ہین *

میرے مطب کے متعلق آیورویدک سسٹم کا ایک مدرسہ بھی قایم ہی اور اوسکے ساتھہ یونانی طب کی تعلیم بھی دیجاتی ہی اور ڈاکٹری کے مسایل جسکی جہان ضرورت سمجھی جاتی ہی اپنی طب سے مطابقت کرکے مدرسہ کے تلامذہ کو سکھایا جاتا ہی – نصاب تعلیم پرانے طریقہ پر رکھا گیا ہی سر دست لگھوترے – اور ورد ہڑے پر اکتفا کیا گیا ہی یعنے شارنگدہر – یا دہوندان – بھاو پرکاش – چرک – ششرت – واگ بہٹ – اور پروہت نگھنٹ رتنا کر – اسی طرح یونانی مین میزان الطب – طب اکبر – مفرح القلوب – خزاین الملوک – پڑہائے جاتے ہین اور تعلیم کا طریقہ اس قسم سے رکھا گیا ہی کہ بعد درس کے لکچر دیکر پڑہاہوے مضمون کو سمجھایا جاتا ہی فن دوا سازی علیحدہ سکھایا جاتا ہی اسکے طلبا کامیاب ہونے کے بعد علاج کرنے کے قابل بنکر مختلف مقامات پر اپنا مطب جاری کئے ہین اور علاج بھی کرتے ہین – اسکی کیمیائی ترکیب پرانے ڈہرے پر رکھی گئی ہی – چار سال سے حیدرآباد مین طبی کانفرنس کی بنیاد بھی قایم کی گئی ہی (حیدرآباد نظام آیور ویدک اینڈ یونانی طبی کانفرنس) نام رکھا گیا ہی اس عرصہ

میں کانفرنس کے مقاصد میں جو کامیابی ہوئی ہے وہ ایک خداداد بات ہے حیدرآباد کے ممالک محروسہ سرکار عالی کے صحرائے لق و دق میں اوگنے والی کیا کیمیاوی کیا ادویائی جڑی بوٹیاں کانفرنس کو جو بدست ہوئے ہیں جنکو ممبران کانفرنس نے تجربہ کرکے اور اون کے افعال و خواص سے بحث کرتے ہوے اپنے تالیف میں داخل کیا ہے وہ قابل تعریف ہے - حیدرآباد کا جنگل معمولی جنگل نہیں ہے بلکہ کوہ ہمالیہ سے جڑی بوٹی کی پیداوار میں کوہ ہمالیہ کا ہم پلہ خیال کیا جائے تو کچھہ مبالغہ نہیں ہے جو بوٹیاں حیدرآباد کے پہاڑیوں پر اور اوسکے دامن میں اور دوسرے جنگلوں میں پیدا ہوتی ہیں اور نشونما پاتی ہیں اس قسم کے کوہ ہمالیہ پر مشکل سے دستیاب ہوتی ہیں بلکہ نہیں ہوتی ہیں ایسا خیال کیا جائے تو کچھہ مضایقہ نہیں ہے اور یہہ حال نباتات کا ہوا - معدنی اشیا کیطرف ہم غور کریں تو بہت سے معدنیات ہیں اتنا کہنا کافی ہوگا اس بنا پر اعلی درجہ کے بوٹیوں کی فراہمی میں ہماری کانفرنس کامیاب رہی اور اون بوٹیوں کے افعال و خواص کے بارے میں اور اوسکے تجربہ میں ممتاز - انشاءالله تعالی دن دونی رات چوگنی ترقی کرنیکی امید پائی جاتی ہے اور جو اعلی ترین بوٹی جسکا کہ تجربہ ہمکو ہوا ہے یا آیندہ ہمکو ہونیوالا ہے ارباب کمیٹی کے خدمت فیضدرجت میں پیش کیا جائیگا *

ملکی طریقہ طبابت کے موجودہ دوا خانے ذیل کے نکتہ نظر سے اچھے پائے جاتے ہیں کس واسطے کہ اسوقت کے اکثر معالج کوئی نظری و عملی تعلیم پاکر علاج کرتا ہے کوئی عملی طریق پر اپنے آبائی واجدادی تجربہ پر معالج ہے مگر فرق اتنا ہے مدرسہ - کالج - یونیورسٹی - سرکار کیجانب سے ان کے لئے کھولی گئی ہے نہ انکی تعلیم با ضابطہ ہے صرف اپنے تجربہ پر کام کرتے ہیں اور کامیاب ہوتے ہیں یہہ معالج اچھی طرح سے مرض کی علامات، پر اپنے طور پر مرض مشخص کرلیتے ہیں اور اپنی پیٹنٹ دوا سے کام لیکر بڑے بڑے دقیق امراض کا علاج کرتے ہیں *

ضمن — (۱) سرکار کیجانب سے انکی تعلیم کا خاطر خواہ بندوبست نہ ہونیکی وجہ سے جو کچھہ کہ یہہ کرتے ہیں کافی و مکتفی سمجھنا چاہئے *

ضمن — (۲) آیورویدک سسٹم کی تعلیم سرکار کیجانب سے کہیں نہیں ہے اگر کہیں ہے بھی تو وہ شایستگی کے ساتھہ نہیں ہے جہاں جہاں طبی تعلیم کو پیداوار اطبا اپنے شوق سے جاری رکھا ہے اور اون کی تعلیم کا نصاب بھی معقول معلوم ہوتا ہے تو نہایت بہتر ہے *

موجودہ انتظام میں نقص نکالنا میں اپنے نزدیک تہذیب کے خلاف خیال کرتا ہوں کس واسطے کہ مغربی طب کی تعلیم کا طرز عمل اور ہے اور مشرقی طبی تعلیم کا طرز عمل اور - مغربی طب - مشرقی طب کو اپنی بیرونی جھلک دکھلاکر اوسکو دھندلی بنانا چاہتی ہے اور تاریکی میں ڈالنا چاہتی ہے اور مشرقی طب اپنے پرانے پوشیدہ جواہر سے اپنے ابنائے جنس کو صحت کی دولت سے مالا مال کرنا چاہتی ہے اور سرکار کو اپنے جواہر بے بہا کو (گر قبول افتدز ہے عزو شرف) کہکر نذر کرتی ہے *

ضمن — (۳) ملکی طریقوں کے طبابت کے معالجے اور طبی تعلیم کے لئے جو بندوبست کہ فی الحال بغیر امداد غیر سے کیا گیا ہے کافی و مکتفی سمجھا جاتا ہے کس واسطے کہ جب ہم اس بات کی طرف غور کرتے ہیں تو کثرت سے آیورویدک سسٹم کے زیر علاج بہت سے بیمار رہتے ہیں اس سے ثابت ہوتا ہے کہ ایسی گری ہوی حالت میں ناشایستگی سے اوسکے معالجے علاج کرتے ہیں اور کامیاب ہوتے ہیں اس سے ثابت ہوتا ہے کہ مشرقی علاج میں کوئی نہ کوئی بات اعلی درجہ کی موجود ہے جس کو ہماری عقل سمجھنے سے قاصر ہے *

ملکی طبی طریقہ کے علاج کے بارے میں عدم اکتفا کا ثبوت میری رائے میں ہرگز نہیں ہوتا اگر کسی سبجکٹ میں ناکافی ہے وہ (شیل تنتر شاریر) یعنی سرجری کا ہے

اؤر سرجري کا عمل انسان کو عمر بھر مین ایک دو وقت ھي اسکي ضرورت لاحق ہوي ہاي اؤر (میڈیسن) سے یعنے دوا سے ہر روز کام پڑتا ہاي اؤر سرجري کا عمل آیور ویدک سسٹم مین جو دہندلا پڑ گیا ہاي اؤر گرد آلود ہوگیا ہاي؛ اوسکے بہت سے وجوہات ہین اوسکو کسي آیندہ سوال کے جواب کے ضمن مین التماس درونگا لہذا بوجوہات چند ملکي طبابت کے طریقہ مین عدم اکتفا کا کبھی مجھہ سے اقبال نہین ہوسکتا جبکہ آیور ویدک سسٹم کے کل سبجکٹ مکمل حالت مین ہین *

سوال چہارم *

(ا) کیا آپ سمجھتے ہین کہ طبابت کے ملکي طریقون کے خیالي طبي تربیت کیلئے ذیل کے ابواب کي ضرورت ہاي یعنے —

(ا) طلبا کو ایسے اساتذہ کي ذاتي رہبري مین چھوڑ رکھنا جو پرلے درجہ کي قابلیت رکھتے ہین اؤر جو انہین سے تعلق رکھنیوالے مضامین مین ایسا درجہ رکھتے ہون جس کا اعتراف کیا گیا ہاي *

(۲) اساتذہ اؤر طلبا ایکسان ٹھیک طور پر معین شدہ شفاخانون - کیمیاخانون - کتب خانون اؤر عجائب خانون تک رسائي کرنا *

(۳) اساتذہ کو مکتفي فرصت ملنی چاہئے تا کہ وہ اپنے اپنے مضامین کے متعلق خود خود مختارانہ طور پر تحقیقات کرسکین اگر آپکو اس خیال سے جو طبي تربیت کے لوازم سے تعلق رکھتا ہاي اتفاق ہوتو کیا آپ سمجھتے ہین کہ اس قلمرو مین کسي طبابت خانہ مین یا اؤر کہین جہان ملکي طریقون پر طبي تربیت کا بندوبست ہوا ہاي یہہ مقصد عنقریب حاصل ہوگا یا حاصل ہونیکے قابل ہاي *

ضمن — (۲) اگر آپ سمجھتے ہین کہ اس مقصد کا بر آنا في الحال ضرورت سے زاید وقت مین ہاي تو اوسکے عوض مین آپ کس مقصد کو داخل کرینگے - ایسے مقصد کے طور جو —

(ا) خاصتہ حاصل ہوجائیگا ایسے خیال کے طور پر جسکے
(۲) نتیجہ کے نکال نیکے لئے في الحال فوراً عمل کرنا *

جواب چہارم *

جس قسم کي طب اس وقت ہمارے ہندوستان مین رایج و مروج ہاي خواہ وہ مغربي ہو یا مشرقي سب کے سب خیالي اؤر کل کے کل قیاسي مانی جاسکتي ہین ملکي طریقون پر کچھہ حصر نہین ہاي - ملکي طریقون کے تربیت کے لئے اگر حکومت واقعي اؤر سچا خیال فرمائي ہاي کہ ملکي طب کي بقا قایم رہے اؤر دنیا مین اسکا پرانا نام و نمود باقي رہے اؤر اوسکے جوہر بے بہا سے اپني پیاري رعایا کي بہبود و فلاح کا خیال کرتي ہاي تو کیا عجب ہاي کہ اوسکے متعلقہ علوم کے خزانے بر آمد ہوجائین آب و ہوا صنف ملک مزاج و قوئي کے اعتبار سے کار آمد ثابت ہو اؤر بہت جلد اپني قابلیت اؤر ترقي کا ثبوت ہوجائے *

(ا) ہر ایک علم دو قسم پر منقسم ہاي ایک نظري دوسرا عملي اؤر خاص کر علم طب کے لئے اؤر اوسکے کامیاب بنانے کے لئے دونون طریقون کو اختیار کرنیکي بڑي بہاري ضرورت ہاي اس بارے مین ایسے معلم کی ضرورت ہوتي ہاي کہ اوسکي ذاتي رہبري مین طلبا کو رکھنا پڑتا ہاي یا یون کہئے کہ رہنا ھي پڑتا ہاي جبکہ وہ اس خدمت کي انجام دھي کے لئے اعلی قابلیت رکھتا ہو - مین اسکے قبل التماس کرچکا ہون کہ آیور ویدک سسٹم ہرگز علیحدہ ہو نہین سکتا آیورویدک سسٹم کا معلم اپني عمدہ قابلیت سے آیورسے الوپیتھک سسٹم وید کو پڑہائیگا تو خواہ مخواہ ہاي اون مضامین کے ساتھہ اعتراف کرنا پڑیگا *

(۲) نظریات کي تعمیل کے بعد جب عملیات کي تعلیم شروع کیجاتي ہاي جس سے علم مکمل ہوتا ہاي اسوقت طالب العلم کو اپنے معلم کے ساتھہ یا آزادانہ طریق پر

شفاخانون (رماین خانون) یعنے کیماخانون یا کتب خانون یا صنعت خانون کو دیکھکر عملي تعلیم حاصل کرنا پڑتا ہے یہہ طریقہ کچھہ نیا نہین ہے بہت هي پرانا طریقہ ہے جو آیورویدک سسٹم کے پوروج رشیون نے اپنے وقت مین جاري کیا تھا پھر ہم نے اپنے ڈھڑے پر آجائین تو بہت جلد اپنا پرانا طریقہ درست کرسکتے ہین اور نئے سائینس سے مقابلہ کرکے دیکھلا سکتے ہین *

(۳) یہہ امر مسلمہ ہے کہ جبتک اساتذہ کو کامل مہلت تعلیم کے لئے نہ ملیگي اپنے سبجکٹ کے متعلق مختارانہ طور پر کیسے تحقیقات کرسکتا ہے ہماري قدیم تعلیم کا نیا رنگ ڈھنگ نرالا پایا جاتا ہے جس سے ہم ایک دوسرے کي عملي طریقہ سے انصاف کي نظر سے تکذیب نہین کرسکتے اگر ہم اپنے دل مین استبداد سے کام لین تو کسي قسم کی نکتہ چیني ہوسکتي ہے طبي تربیت کے لوازمات پر جب ہم غور کرتے ہین دو سبجکٹ جسمین بڑا بھاري اختلاف ہے ایک سائینس جسکو کہ (پدارتھہ وگندیان شاستر) کہتے ہین دوسرے کمیسٹري جسکو (رساین شاستر) کہتے ہین اونکے عملي طریقون مین عجب کیفیت پائي جاتي ہے اس قلمرو مین جو زیر حکومت سرکار ابد قرار ہے ان دو شاسترون کے جاننے والے اور عملي طریق پر دواسازي کو عمل مین لانے والے معدودے چند اشخاص نکلینگے اس سے یہہ خیال نہ فرمایا جاے کہ اس بارے مین آیورویدک کے سسٹم کا طریقہ ناقص هي نہین نہین وہ اپنے طریقے مین ٹھیک اور بہتر ہے بلکہ کار آمد – جہان کہین طبي تربیت کا بندوبست ہوا ہے آپس مین اتحادو ایکجہتي سے سے کام لین سرکاري تھوڑے سي مدد حاصل کرین اور اپني انساني ہمدردي دکھلائین تو عنقریب مقصد حاصل ہونیکي امید قوي ہے *

ضمن — (۲) مقاصد مذکورہ بالا کرکے حاصل ہونے مین في الحال ضرورت سے زاید وقت کي ضرورت نہین ہم فوراً ان مقاصد کا نیک نتیجہ دکھلانیکے لئے اپنے پرانے اور دیرینہ تجربے کي ہمت پر باقبال سرکار و بافضل کردگار حاصل ہین *

(۱) (خاتماً) اور یقیناً مقاصد کا نیک نتیجہ حاصل ہوجائیگا *

(۲) سونچنے اور دیر کرنیکی ضرورت نہین في الحال فوراً عمل کرنا چاہئے *

سوال پنجم *

کیا آپکو کلکتہ یونیورسٹي کمیشن کے اس خیال سے اتفاق ہے جو یون ہے *

”جدید علمي طریقون سے زیادہ تر تربیت پیدا کرنے کے لئے ان (ملکی طریقون کي پیروي کرنیوالون مین جو بکثرت ہین في الحال ایک نمایان اور امید افزا خواہش ہوگئي ہے اور وہ بلاشک اوس روایتي علم کو غربي طریقہ طبابت کي پیروي کرنیوالون کیلئے میسر کرواسکینگے جو واقعي قابل قدر ہے اور جیسا کہ عربي طبابت مسلسل مسترد کیا کرتي ہے ویسا هي ان قیاسي توجہات کو مسترد کردینگے جو صرف باقي رہ گئي ہین اور آزمایش مین پکے نہین نکلتے ہین – اس صورت مین جو فرق کہ ”ہندي“ اور ”عربي“ طریقون مین ہے غایب ہو جائیگا *“

اگر آپ اس بات سے اتفاق کرتے ہین کہ طبابت کا ایکسان شدہ کوي طریقہ جو بالا مذکور عبارت مین بتلایا گیا ہے مقصود ہے جسکے حاصل کرنیکي کوشش ضروري ہے تو اس مقصد بر آري کیلئے بتلائے آپکي راے مین کون سي تدبیر ہے *

جواب سوال پنجم *

جب ہم مشرقي یعنے ملکي طریقہ کي طبابت کو قایم وبرقرار رکھنے اور اوسکے بقا کے محافظ بننے اور اسکے اعلیٰ جواہر کو ارباب کمیٹي کی خدمت میںدرجت میں پیش کرکے مغربي طبابت کے ساتھہ مطابقت کر دکھانے کا خیال رکھتے ہین تو کیونکر ہم دوسرے خیالات کي اتباع کرسکتے ہین ہمارے حیدر اباد فرخندہ بنیاد مین باضابطہ مشرقي طبابت کے جاننے والون مین سے کثرت سے ہین انکے لئے یونیورسٹي کالج مین تعلیم المعلمین کي

ایک شاخ کھولي جاے تو بہت جلد یہہ لوگ باضابطہ طبیب بن سکتے ہین تعلیم اور تعلیم دینے کا ڈھنگ حاصل کرسکتے ہین اور قیاسي توجہات کو ایک شایستگي اور عمدگي کے ساتھہ عمل مین لاسکتے ہین پس ایسي صورت مین سرکار کا نیک اور پاکیزہ خیال ملکي طب کو ترقي دینے کا جو ہي اوسمین چار چاند لگ جائینگے اور دونون طب یعنے مشرقي و مغربي دونون کي بقا دونون کا قیام دونون کي ہستي ایک دوسرے مین شامل ہوکر جس قسم کا نتیجہ پیدا کرسکیگي ارباب کمیٹي پر زرہ غور کرنے سے ثابت ہو جائیگا اور بالکل تھوڑے عرصے مین پرانا خزانہ ہاتھہ آجائیگا *

اتفاق جیسي کہ ایک نعمت عظمي ہي وہ ہرشخص پر روشن ومبرہن ہی جب ہم مغربي اور مشرقي طبابت کے اعلي درجہ کے ماہران فن ایکدلي وایکجہتي کے ساتھہ کسي اجلاس مین یا انجمن مین اپنے مقاصد دلي جسکو سرکار منظور فرمایا ہي بیٹھینگے اس وقت کا اتفاقي قرینہ سے بیٹھنا ہي بہت خوش نظر آئیگا جب مقصد برآري کي ایکجہتي کے ساتھہ شروع ہوگي تو پھر اسکا پوچھنا ہی کیا ہوگا ہمارا خیال ہي کہ بہت جلد مقصد برآري ہوگي *

سوال ششم *

کیا آپ اس راے سے اتفاق کرتے ہین کہ ملکي طبابت کے نصاب تعلیم مین جدید علمي طریقون کي تعلیم جو ایسے مضامین سے ظاہر ہي جسے جدید علم طبعي - علم کیمیا ؤر بھي علم حیات اور بھي جدید طریقون پر

اناٹومي - (علم تشریح) فزیالوجي - علم موجودات) پتھیالوجي (علم امراض) بیاکٹریالوجي اور سرجري (جراحي) اسکے کل شعبون مین تعلیم - آپکو بالا مذکور خیال سے جزاً یا کلاً اتفاق ہو تو براہ کرم ملکي طبابت کے طالب العلمون کے لئے آپ جس نصاب کي راے دینے چاہتے ہون اسکے ایک خلاصہ کو ارباب کمیٹي کو دیجئے اور اس مین بطریق خاص ان ابواب کا حوالہ رہے *

پروگرسیو اسٹیانڈرڈ ر جن کے بابمین آپ راے دینا چاہتے ہون یعنے اسٹیانڈرڈز جو مثلاً ڈیپلومہ (یعنے معمولي طبابت کے طبي مدراس کے یل - یم - پي) گراؤ جوئیٹ ماسٹریٹ اور ڈاکٹوریٹ (اپنے یونیورسٹیون کے یل - یم یس - یم - بي - یم - یس - یم - ڈي - تطابق رکھتے ہین *

(   ) مجوزہ ہرایک اسٹیانڈرڈ کے لئے ابتدائي لیاقتین اور تعلیم کي مدتین *

(   ) مجوزہ تعلیم کا میڈیم یا میڈیا *

جواب ششم *

ملکي طبابت کے قدیم طریقون کے نصاب مین جدید نصاب تعلیم داخل کرنا ہرشخص پسند کریگا مگر یہہ امر قدیم طبابت کو چند دنون مین مٹیامیٹ کرنیکا خوف دلاتا ہی اور باديالنظر مین ملکي طبابت کے طریقون جسکو ہمارے حامیان طب قدیم اسکي بقا کي جو کوشش کررہے ہین اور گورنمنٹ کي تھوڑي سي مہرباني کي نظر کے خواستگار ہین اور بہت قلیل عرصہ مین کامیابي کے اچھے یعنے آثار دکھائي دے رہے ہین اسپر سارا پاني پھر جائیگا پس ملکي طبابت کا طرفدار کون ایسا ہوگا جو اسبات کو قبول کریگا جبکہ ملکي طبابت مین علم طبعیات جسکو (پدارتھہ وگندیان شاستر) کہتے ہین اس علم مین اسکے موجد ہرایک مشکل مسئلہ کي بال کي کھال نکالي ہي اور علم کیمیا جسکو رسائن شاستر) جو کمیسٹري کے نام سے نامزد ہي و نیز علم ہمٔیات مین بھي بہت اعلي درجہ کي ایجاد کي گئي ہي اور عملي طریق پر اچھے کامیاب ہین ان علوم مذکورہ کے موجدون کا نام بیان کرے اور انکي حقیقت کا ذکر ایک طول عمل ہي و نیز ارباب کمیٹي کا حکم بھي ہي کہ ہم سواے عملي طریقہ کے دیکھنے کے دوسري باتین نہین مانینگے لہذا متروک کردیا گیا *

اب رہے دوسرے علوم جو علم طب سے گہرا تعلق رکھتے ہیں یعنے (شاریر شاستر) جسکو ڈاکٹری میں اناٹومی اور یونانی میں (علم تشریح جسم انسانی کہتے ہیں یہہ شاریر شاستر دو قسم پر منقسم کیا گیا ہے یک (شاریر ادویات پتی ساشتر) جسکو تشریح تکون جسم انسان کہتے ہیں دوسرے (شاریر ادیو کرم شاستر) جسکا نام افعال الاعضاء ہوسکتا ہے جسکو ڈاکٹرون نے فزیالوجی نام رکھا ہے (روگ ندان شاستر) جسکو پتھیالوجی ـ علم امراض کہتے ہیں (جنتو شاستر) جو فی الحال بیاکٹر یالوجی کے نام سے نامزد ہوا جسکو ہم علم جراثیم کہسکتے ہین اور (شلیہ تنتر شاستر) جسکو سرجری اور جراحی کہتے ہیں یہہ کئی شعبون میں منقسم ہے (آروگ و دنیان شاستر) تشریح فی الصحت اس کو ڈاکٹری مین (ڈسکرپٹیو ہومین اناٹومی اور (روگ و دنیان شاریر) تشریح فی المرض ـ ماربیڈ ہومین اناٹومی ا(پرانت و دنیان شاریر) تشریح حصص الاجسام ـ ریجنل اناٹومی ـ (شیلیہ تنتر شاریر) تشریح الجراحی ـ سرجیکل اناٹومی ـ مذکور شدہ کل سبجکٹون کی تعلیم قدیم ملکی طبابت کے کتب مطولہ مین ذکر آیا ہے اور تعلیم کا ڈہنگ بھی پرانے طریق پر بتلایا گیا ہے اسکی با ضابطہ تعلیم کا انتظام اور جدید طب مغربی کے ساتھہ تطابق کرتے ہوے اور جدید طب مغربی مین کوئی انوکھی اور نادر بات پائی جائے تو اسکو بلا دریغ اپنے طب مین داخل کرتے ہوے اور اپنے طب کے اعلی مسائل کو ارباب کمیٹی کی خدمت مین بغرض فایدہ پہنچانے کے پیش کرنیکا خیال ہے *

ہمارے مین ایسے (اسٹینڈرڈز) وغیرہ اپنی معمولی طبابت کے طبی مدارس کے (یل ـ یم ـ پی) گرایجویٹ ماسٹریٹ اور ڈاکریٹ (اپنے یونیورسٹون کے یل ـ یم ـ یس ـ یم ـ بی ـ یم ـ یس ـ یم ـ ڈی) تطابق رکھتے ہین مگر ثابت نہین ہوتا کہ یہہ تطابق کس قسم کا ہے یا آیورویدک سسٹم کے ساتھہ مطابقت رکھنے کا خیال ہے یا اپنی ڈاکٹری کا افتخار جتاتے ہوے ملکی طبابت کے طریقہ کو چھوٹی نظر سے دیکھنا چاہتے ہین اس قسم کی باتون کو ہمارا دل قبول کرنا پسند نہین کرتا جبکہ ہمارے یہان علم طب کے متعلقہ علوم کے ضرورت کے موافق سب قسم کے سبجکٹ موجود ہین اور ہم اسکو قلیل مدت مین پورا کر دکھانا چاہتے ہین پس ایسی حالت مین ایسا کوئی شخص ہوگا اپنے علوم قدیمہ کا ستیاناس کرے اور پرانی کار آمد تحقیقات کو ملیامیٹ کردے خواہ کوئی کچھہ کہے یا جوجی مین آیا سو سمجھے مگر ہمکو تو ہمارا پرانا طریقہ ہی پسند ہے اگر غور کیا جائے تو بہت ہی کار آمد ہے ہم دوسرے ممالک کا صحیح طریق پر بتلا نہین سکتے ہمارے حیدراباد فرخندہ بنیاد کا حال التماس کرتے ہین کہ حیدراباد کی مردم شماری ایک کڑوڑ تینتیس لاکھہ کی ہے اسمین سے تین حصہ رعایا ملکی طبابت کے طریقہ کی فریفتہ اور گرویدہ ہے اپنی بیماری کی حالت مین رجوع ہوتی ہے علاج کرواتی ہے اور فایدہ اٹھاتی ہے اس صورت مین ثابت ہوتا ہے کہ ہماری طب قدیم مین کسی قسم کا نقص نہین ہے تو سرکار ابد قرار کی عدم توجہی کا ـ پہلے یہہ کہ اس طب قدیم کی با ضابطہ تعلیم کے لئے کیون مدرسہ یا کالج نہین کہولا گیا ـ دوسرے یہہ کہ ماہران طب قدیم کو باضابطہ بندیکی ہدایت کیون نہ دیگئی ـ اگرچیکہ وہ اپنے طریقہ سے با ضابطہ ہین بغیر تعلیم کے اپنے خیالات کے موافق سوالات کا کرنا اور دونون طبون کو مطابقت کرکے دکھلانا یہہ بات ارباب کمیٹی کے منشاء کے خلاف ہوجاتی ہے اور یہہ امر قرین مصلحت نہین ہے *

(۳) مجوزہ ہر ایک اسٹینڈنگ کے لئے بہت سے آیورویدک سسٹم کے جاننے والے اور اطبائے یونان ہمارے اس ہندوستان مین دستیاب ہونگے جو نصاب کو پورا جلد کرسکینگے *

سوال ہفتم *

طبابت کے ملکی طریقون کی نسبت طبی رجسٹری قانون کے توسیع کے مسئلہ کے بابمین آپکے خیالات کیا ہین ؟ اگر آپکی رائے یہہ ہے کہ ایسے رجسٹری کی ضرورت ہے یا قرین مصلحت ہے تو براہ کرم ذیل کے ابواب کے متعلق آپکے خیالات سے ارباب کمیٹی کو مطلع کیجئے یعنے

(۱) مڈیکل رجسٹر طبي رجسٹري کي کتاب) لایق اطبا کو داخل کرنیکے لئے ایک مناسب رجسٹریشن بورڈ مرتب کرنے کے باب مین *

(۲) طبي رجسٹري کے موجودہ قانون مین کوئي تبدیلات یا اضافہ کرنیکے بابمین *

جواب ہفتم *

طبابت قدیم کي طبي رجسٹري کي نسبت بادي النظر مین کوئي نقصان نہین پایا جاتا مگر اسبارے مین سرکار نے کیا سونچي ہي وہ بھي پوري طور ظاہر نہین ہوتا یہہ سوال و ہم معما سمجھین یا چیستان خیال کرین اسبارے مین یا یہہ عرض کرنے کے سوا اور کوئي جواب نہین دیا جاسکتا رجسٹریشن ایکٹ کا خاص منشاء یہہ ہي کہ با ضابطہ نام ڈاکٹرون کا درج رجسٹر کیا جائے مگر یہان ملکي بید و اطبا پر ایک قسم کا حملہ ہو رہا ہي یہہ بیچارے زبردستي کو تختہ مشق بن رہے ہین ہم نے مانا کہ قانون رجسٹري کي ضرورت ہي اور اس مین توسیع کي جائے تو اس کا نتیجہ قدیم ملکي طبابت کو کسي نہ کسي دن غارت دیگا *

ادب کے ساتھہ ارباب کمیٹي کي خدمت فیضدرجت مین التماس ہي کہ بلا وجہ اور بغیر امداد دینے کے ماہران ملکي طبابت کیون قانون کے جھپیٹ مین لائے جا رہے ہین سرکار کو جو منظور ہو وہ کرے مگر ہمارے عرض و معروض کو بھي سنے ورنہ ارباب کمیٹي کا وہ خیال جو ملکي طبابت کو ترقي دینا ہي لوگون کے نظر مین مٹیامیل ہوجائیگا *

(۱) مڈیکل رجسٹر رکھنے کي ضرورت ہي جس قاعدہ سے کہ یہہ رجسٹر رکھا جائیگا اس کي اطلاع عام لوگون پر ہونا چاہئے تاکہ عام لوگ اس پر اعتراض کرکے پاس کرین *

(۲) طبي رجسٹر کي موجودہ قانون مین کوئي تبدیلات یا اضافہ کرنیکے بارے مین — التماس ہي کہ موجودہ قانون کي ایک نقل براہ کرم روانہ فرمائے تو بہتر ہوگا *

سوال ہشتم *

معمولي طریقۂ طبابت نہ اور ملکي طریقۂ طبابت کے معالجہ کے خرچہ کے باب مین مقابلتاً آپکي رائے کیا ہي ؟ آپکي رائے کے وجوہات بیان کیجئے *

جواب ہشتم *

ملکي طریقہ طبابت نے دوا سازي اور اسکي کیمیا گري کے طریقہ پر جو ادویات تیار ہوتے ہین (شاید مین ایسا مضمون اوپر بیان کیا ہون) وہ اپنے ہاتھہ سے بننے اور ملکي پیداوار جڑي بوٹیون سے مرتب ہونے کي وجہ سے اور اس پر کسٹم ڈپارٹمنٹ کا محصول نہ ہونے کے سبب سے وہ ارزان تیار ہوتي ہین اور خرچہ کم آتا ہي اور ڈاکٹري دوا جب ہم اوسکے اجزائے متکونہ کي طرف غور کرتے ہین تو اوسکي بھي قیمت اونکي قیمت ہمارے دوا کے لگ بھگ ہوتي ہي مگر اوسکے فارمسیون کے اخراجات اوس کے خوشنما شیشے اور خوش رنگ لیبل کا صرفہ اور یوروپ سے ہندوستان تک آنیکا کرایہ اور اکثر مقامات پر کسٹم ڈپارٹمنٹ کے محصول کا بھگتاؤن یہہ سب مل ملاکر دیسي دوا کي قیمت سے ولایتي دوا کا صرفہ بڑھ جاتا ہي اگر وہ ھي دوا کسي ڈاکٹر معالج کے نسخہ مین جب لکھي جاتي ہي اور بیمار کو شیشہ گھولکر دیجاتي ہي تو قیمت مین المضاعف تو کیا بلکہ چوگني قیمت ہوجاتي ہي جسکي برداشت اکثر ہندستاني بھائي نہین کرسکتے اور ملکي طبابت کیطرف رجوع ہوتے ہین اور ماہران ملکي طب ان بیچارون کي ہمدردي کرتے ہین اور معالجہ کرتے ہین *

سوال نہم *

آپکي رائے مین ملکي طبابت کے ملکي طریقون کے گھٹنے کے وجوہات کیا ہین — دوبارہ ان مین جان بھرنیکے لئے آپ کي تجاویز سے ارباب کمیٹي کو مطلع کیجئے *

جواب نہم *

قاعدہ کلیہ ہي کہ جب کسي قوم کي ریاست پر پاني پھر جاتا ہي حکومت ہاتھہ سے جاتي رہتي ہي پچھلے علوم بھي مٹیامیل ہوجاتے ہین اگرچیکہ دنیا سے علوم مفقود

نہیں ہوتے مگر زمانہ کے اعتبار سے دھندلے ضرور پڑجاتے ہین اور تعصب کی نظر اوس کو خاک سیاہ کر دیتی ہی اور لوگون کی نظر سے گرا دیتی ہی مجھہ بڑا تعجب ہوتا ہی کہ اچھی خاصی سائنٹیفک طبابت کو کوئی طبابت خیالی کہتا ہی کوئی ان سائنٹفک کے نام سے نامزد کرتا ہی کوئی اوسکو مردہ بتلاتا ہی مگر حقیقت اسکے خلاف مین ہی ہمارے ہندستان کی رعایا اس معالجہ کی خوگر ہی اور اس علاج کی عادی ہی جب ہی فطرت اپنی طرف کشش کرتی ہی طبیعت اس طرف مایل ہی اور مزاج اسکے ساتھہ ایک قسم کی موافقت رکھتا ہی کاشکے ہماری پرانی طب سرکار کی نظر فیضدرجت مین با ضابطہ سمجھی جاتی اوسکو قدیم زمانہ کیطرح معراج حاصل ہوتا تو بہت ہی اچھا ہوتا *

لوگ اس قدیم طریقہ طبابت کو مردہ بتاتے ہین یہہ محض اونکی خیالی غلطی ہی انجانی کا سبب ہی اگر در اصل یہہ مردہ ہوتی تو اسکے کار نامے جو اسوقت کامیابی سے بھرے ہین ممکن نہ تھا فرض کرلیا جائے کہ طب قدیم مردہ ہے، کیا سرکار تھوڑی سی توجہہ مین اسے زندہ نہیں کرسکتی کیا لایق بیدار اطبا کو فراہم کرکے اپنا منشا پورا کر نہیں سکتی ہین ملکی قدیم طریقے مین طب کے متعلق کئی علوم نے سبجکٹ ہین اون علوم پر جو اونکو عبور حاصل ہی سرکار کا منشاء پورا ہوسکتا ہی - طبابت کے ملکی طریقون کے بقا کے لئے اور اوس سے استفادہ حاصل کرنیکے لئے ایک مدرسہ سرکار عالی کی جانب سے افتتاح کیا جائے اور اوسکی پرانی تعلیم کا حسن وقبح دیکھا جائے اسکے بعد ان دونون طبون کا یعنے مشرقی اور مغربی کا آپس مین انصاف کی نظر سے مقابلہ کیا جائے تو صاف ظاہر ہوجائیگا کہ ملکی طبابت کے طریقے کس قدر اعلیٰ جواہر سے بھرے ہین *

سوال دہم *

بتلائے کس طرح مندرجہ ذیل ذرایع سے ملکی طریقہ طبابت بحال رکھے جاسکتے ہین اور تقویت پاسکتے ہین یعنے —

(۱) سرکار سے
(۲) لوکل بورڈون سے
(۳) یونیورسٹیون سے
(۴) غیر سرکاری ذریعہ سے (یعنے افراد سے یا انجمنون سے) *

جواب دہم *

ملکی طریقہ طبابت کو بحال رکھنے اور اوسکو ترقی دینے کا سوال بڑا ہی بیڈھب سوال ہی جو ایک معمے کی شکل مین کیا گیا ہی اگرچیکہ اس سوال کے جواب مذکورہ شدہ جوابون مین مفصل اشارتاً وکنایتاً دیا گیا ہی مگر یہان بھی کچھہ التماس کرنا مناسب خیال کیا جاتا ہی جب ہمارے ہندوستان کی تیتیس کڑور رعایا کے منجملہ ربع حصہ چھوڑ کر باقی تین حصہ رعایا کا نفع ہو رہا ہی بلکہ سرکار ابد قرار کے مالی صرفہ کی بچت بھی ہو رہی ہی - مغربی طب سرکاری خزانہ کو اپنا خزانہ سمجھکر اٹھاتی ہی اور مشرقی طب ہمدردی اور خیر خواہی سے سرکاری خزانہ کی حفاظت کرتی ہی اور ایک علم قدیم کو بلا امداد غیر اپنے ابنائے جنس کی بھلائی کے لئے اس کی بقا کا خیال کرتی ہی *

مغربی طبابت اچھی اور بہت اچھی اور اچھے سے بھی زیادہ اچھی کیا ہندوستان کی کل رعایا کے معالجہ کا انتظام کرسکتی ہی

کیا سرکارابد قرار کا خزانہ اپنی پیاری رعایا کے عوارضات کی تکلیف دور کرنے مین کافی ومکتفی ہوسکتا ہی ؟

جسقدر ڈاکٹر اسوقت سرکار کے جانب سے مامور ہین وہ لایق سے زیادہ لایق ہین کیا ۳۳ کڑوڑ رعایا کے علاج معالجہ مین کافی ہوسکتے ہین ہرگز نہیں

اس معاملہ مین غور کیا جاتا ہی تو تجربہ سے ثابت ہوتا ہي کہ کوئي جدت پسند رعایا ڈاکٹري کي دلدادہ ہي تو اور کوئي قدیم پسند رعیت آیورویدک سسٹم کي فریفتہ اور کوئي یوناني سسٹم کي گرویدہ بہرحال یہہ تین سسٹم ملکی طبابت یعنی مشرقي طبابت اور جدید طبابت یعنی مغربی طبابت کے نام سے نامزد ہوکر رایج ہین - یہان ایراد کیا جاسکتا ہی کہ ملکي طریقہ کی طبابت باوجود سرکار کي نظر مین ان سائینٹفک ہونیکي وجہ سے اسکو دنیا سے مٹ جانا چاہئے تھا مگر ثابت یہہ ہوتا ہي کہ اسمین کوئي نہ کوئي اعلیٰ درجہ کا جوہر ہي جس سے ملکي لوگ اسکے گرویدہ و فریفتہ ہوکر اس سے استفادہ حاصل کرتے ہین جب ہم تجربتاً اسکے مرجوعہ کي حالت پر غور کرتے ہین تو ایک تعجب انگیز مرجوعہ پاتے ہین یعنی زیادہ مرجوعہ دیکھا جاتا ہي اس سے صاف ظاہر ہي کہ تعداد مرجوعہ کے اعتبار سے تعداد صحت بھی اسکي بڑي چڑي ہي یہہ اپني ضرورت کے اعتبار سے خاص حد تک سائینٹفک ہي اور منصف مزاجون کے نزدیک سائینٹفک مانے جانے کے قابل ہي اور آساني کے ساتھ ملکي طریقہ طبابت بحال رکھا جاسکتا ہي انوکھے اور نادر نکات جو اس سسٹم کے ہین اوس سے اپنے ابناے جنس کو فایدہ پہونچاسکتے ہین *

(۱) سرکار ہم اسطرح اپنے ملکي سسٹم کو بحال رکھنے کي التجا کرسکتے ہین کہ اوسکے اعلیٰ ترین فواید کمیٹي مین پیش کرتے ہوے اور اوسکا تجربہ دکھلاتے ہوے اور ہر ایک متعلقہ سبجکٹ کو نظریات وعملیات کے ذریعہ سے ثابت کرتے ہوے نصاب کامل بناکر بہت ھي تھوڑے عرصہ مین پیش کرینگے تاکہ سرکار اسکو بحال رکھے *

(۲) لوکل بورڈون سے ہمکو یون فایدہ پہونچ سکتا ہي کہ ہر جگہہ اسکے مدرسہ قایم کئے جائین اور باضابطہ تعلیم ہو اور امتحان باقاعدہ کے بعد لیئے تلامیذ کو اپنی خدمت جسپر کہ مقرر ہونگے اسکي انجام دھي کا موقع ملے *

(۳) ہمارے یونیورسٹي کے فواید - ہر یونیورسٹي مین جو اعلیٰ تعلیم دیجاتي ہي اور اسمین ایک قابلیت حاصل کرکے طالب العلم داخل ہوتے ہین اس اثنا مین آیورویدک سسٹم اور آلوپیاتھي سسٹم کے مطابقت کا اچھا موقع حاصل ہوسکتا ہي اور اس تقابل مین دونو سسٹم کے عمدہ اور باریک نتیجہ خیز باتین جو ہون اپنے ایک دوسرے سسٹم مین لینے کا ایک عمدہ ذریعہ ہمدست ہوتا ہي *

(۴) غیر سرکاري ذرایع سے یا انجمنون اور افراد کے استصواب سے ملکی طریقہ طبابت کي ترقي تو ضرور ہوگي مگر میرا خیال ہي کہ اس ترقي کے لئے ایک مدت درکار ہی کسواسطے کہ مغربي اور مشرقی سسٹم مین ایک خاص قسم کي کشمکش پڑي ہي اور یہہ کشمکش باعث فقدان ترقي ہي *

مخفي ومحتجب نہ رہے کہ دنیا سے کوئي علوم مفقود زایل نہین ہوتے مگر ہان زمانہ کي ناسازي اور ملک کي ناکردگاري کے وجہ سے دھندلے ضرور پڑجاتے ہین اور اسپر ادبار کا گرد وغبار چھا جاتا ہي جب سرکار فیض آثار نے علوم قدیمہ کو جو در اصل سائینٹفک ہین کہ نہین تحقیقات کرکے سائینٹفک ثابت ہونے بعد اپنے سایہ عاطفت ودامن حکومت مین لینے کا خیال فرمائے ہي تو ایک تھوڑي سي توجہہ مبذول فرمائے جائے تو زیادہ احسان ہي وہ یہہ کہ اسکي جانچ و پڑتال اسکے علما کے مقابل مین ہو تو بہتر ہي مین ادب سے ممبران کمیٹي کي خدمت فیضدرجت مین التماس کرتا ہون کہ جو امور بحث طلب ہین اوسکي بحث سني جائے اور جو امر فیصلہ طلب ہین اگر اسمین جواب لیا جائے تو بہتر ہي - مین ادب سے اس تقریر کو ختم کرتے ہوے مکرر گزارش کرتا ہون کہ چونکہ مین ایک سسٹم کا طرفدار ہون کہین غیر مہذب لفظ استعمال کیا گیا ہي تو اوسکي معافي چاہتا ہون - فقط *

P. S. VARIER AVARGAL.

(B) FROM THE PRESIDENCY OF MADRAS.

(*a*) WRITTEN IN ENGLISH.

(1)

Q. 1. The indigenous system of medicine of India has divided itself into many branches' but it is the Ayurvedic system that forms the foundation of all of these that we are going to deal with. The original works on this system have been lost and those that are available now contain different readings and mistakes. Yet what we mean by the term ' Ayurveda ' is that system of medicine which has been dealt with in such Sanskrit works as Charaka, Susrutha, Vagbhata, Vridha Vagbhata, Bhavaprakasa, Sarngadhara, Rasarathnasamuchaya and others and in Sanskrit and Malayalam works, generally followed in Malabar alone such as Chikitsakrama, Manjeri, Manorama, Yogarathnasamuchaya, Yogamritha, Balachikitsa, Vishavidya, Marmachikitsa, Nadichikitsa, Bhangachikitsa, Dharakalpa, Pindaswedavidhi and others. This system, improved according to modern experience, forms Arya Vaidya.

Q. 2. (*a*) Before describing how disease is caused, it is necessary to describe what disease is. What is called disease (रोगः) by Arya Vaidya is not what we experience in the form of pain, or redness, or swelling or rise in temperature. which are only symptoms. What deserves the name of disease is the morbid change that has taken place either in the whole system generally or in any part of it particularly and that is the cause of these symptoms. The body of a man has been divided into three component parts known as Vatha, Pitha and Kapha. Whenever any one of these elements singly or any two of them or all three together decrease or increase to an extent harmful to the system, that condition is called disease. रोगस्तु दोषवैषम्य—वाग्भटः:—Therefore these three generally called Thridoshas, are regarded to be the Nidana (निदान) or peculiar cause of all diseases. The decrease or increase of them takes place in different parts of the system and in different forms and then we experience different forms of troubles. Diseases are of two kinds Nija (निज) and Aganthu (आगन्तु). The former are those that are caused by conditions originating in the system itself while the latter are those caused by outside conditions such as bacteria, poison and violent pressure or concussion. The chief difference in the two kinds is that in the former the Doshas are disturbed by internal causes and they become uncontrollable gradually, whereas in the latter the outside causes disturb the Doshas all at once and the Doshas become uncontrollable all at once. At all events disease is associated with the derangement of the Doshas and no disease is caused without it. Therefore the immediate cause of all is the morbid irritation or disorder of the three Doshas. The difference lies in the remote causes that bring about the disorder, i.e., the increase or decrease of these Doshas. The causes of the disorders of the Doshas, the nature of them and the symptoms caused by their increase or decrease have all been enumerated in the Sastric works. They are not given here as it is quite unnecessary. Neither does the Western theory that disease are caused by minute organisms ultimately contradict this. For it is only to be understood that these minute organisms bring about the derangement of the three Doshas which is the cause of diseases. But in the diseases called Nija (निज) the appearance of these organisms must be considered to be an earlier symptom of the disease.

(*b*) The diagnosis of a disease is made by an examination of the symptoms enumerated in connexion with each disease and Dosha. In this connexion attention is to be paid to five things, viz., Nidana (निदान = cause), Poorvaroopa (पूर्वरूप) = preliminary symptom), Roopa (रूप) = symptom), Upasaya (उपशय) = agreeableness of medicine, etc.) and Sampraptht (सम्प्राप्ति = mode of attack).

निदानं पूर्वरूपाणि रूपाण्युपशयस्तथा
सम्प्राप्तिश्चेति विज्ञानं रोगाणां पञ्चधास्मृतम् । वाग्भटः ॥

For this purpose the physicians make use of all organs of senses (ज्ञानेन्द्रिय) and organs of action (कर्मेन्द्रिय.) By these, the eyes, the nails, the tongue, the urine, the skin and excreta of the patient are specially examined and the condition of pulse and respiration are also determined. Special instruments are used in the examination of diseases of the rectum, the vagina, etc. In connexion with all diseases the various forms of the derangements of the Doshas, their different stages, and their localities have been clearly described together with their respective symptoms and it is not difficult or a physician of ordinary knowledge to recognize the diseases. The main aim of treatment is to prevent disease. For that purpose rules have been specially laid

down to regulate a man's mode of life (दिनचर्या) with special reference to different seasons (ऋतुचर्या), to prevent ordinary and contagious diseases (रोगानुत्पादनीय-जनपदोध्वंसनीय). It may easily be seen that these methods are far superior to the preventive measures prevalent at the present time. When it is found that a disease has set in in spite of the preventive measures, to effect an immediate relief is not alone the aim of Ayurvedic treatment, but to prevent any further repetition of it by eradicating its root itself. For this purpose various measures are resorted to such as हेतुविपर्यस्त (against cause,) व्याधिविपर्यस्त (against disease) and विपर्यस्तार्थकारि (which effects both of the above measures). These measures have been divided into two classes as Sodhana and Samana. When a Dosha has increased abnormally Sodhana (शोधन) is resorted to and when it is in less degree Samana (शमन). Sodhana and Samana are not of one kind only. They are of many kinds. Before resorting to any of these, it is not sufficient merely to diagnose a disease rightly, but special attention is also to be paid to the tissue affected, to residing place, to the bodily strength, to the season, to the power of digestion, to the temperament, to the age, to the mental vigour, to the Sathmya (सात्म्य), to the accustomed food and other various conditions of the patient.

दूष्यं देशं बलं कालमनलं प्रकृतिं वयः
सत्वं सात्म्यं तथाहारमवस्थाश्च पृथग्विधाः
सूक्ष्मसूक्ष्मास्समीक्ष्यैषां दोषौषधनिरूपणे
यो वर्तते चिकित्सायां न स स्खलतिजातुचित् । वाग्भटः ॥

Even after knowing all these particulars, diseases are to be treated if possible by increasing his vital force by means of regulating diet, habit, etc., and only in inevitable cases the drugging is to be resorted to. This is the aim of the Sastra. It is specially laid down that drugs should be perfectly harmless. The Ayurveda does not recognize anything as a pure treatment which while curing one disease gives rise to another.

प्रयोगश्शमयेद्व्याधिं योन्यमन्यमुदीरयेत्
नासौ विशुद्धश्शुद्धस्तु शमयेद्योनकोपयेत् । वाग्भटः ॥

It is because such principles form the foundation of treatment that the Ayurveda meets with such approval and following in India. The Ayurveda recognizes many methods of treatment that are not seen anywhere else. Among them are Gudavasthi (गुदवस्ति), Utharavasthi (उत्तरवस्ति), Sneha (स्नेह), Sweda (स्वेद), Nasya (नस्य), Abhyanga (अभ्यङ्ग), Sirovasthi (शिरोवस्ति), Dharas of various kinds, Pizhichal, Navarakkizhi, Uzhichil and Udvarthana. All of these are very effective in curing various diseases. In brief, the Ayurveda is very effective in almost all curable diseases where surgery is not absolutely necessary. Even in cases where other systems have recommended surgery the Ayurveda has succeeded with the help of drugs only. In finding out the curableness or otherwise of a disease the Ayurveda describes the symptoms of mortality (मरणलक्षण) which spares a physician much mistake. This system is also effective in giving temporary relief to unbearable pain of all incurable diseases.

(*c*) As it has become rather inconvenient at the present time to make use of some of the methods laid down in the Ayurveda, some people have been led to think that in certain diseases and certain stages this system is not as effective as the other systems. But it may be safely asserted that in most cases of chronic diseases the Ayurveda is more effective. Especially in the case of Indian patients habituated to Indian modes of life, this above assertion is irrefutable. In the thirteen kinds of Sannipathajwara (सन्निपातज्वर) (including many more kinds than the typhoid fever for which a peculiar treatment is prevalent in Malabar) in female diseases connected with the uterus, in consumption, cough, asthma, piles, urinary diseases, diabetes, boils (विद्रधि) anæmia (पाण्डु), erysipelas (विसर्प), various skin diseases (त्वग्दोष), acute and chronic rheumatism, eye diseases, mania, epilepsy, most of the non-surgical diseases above the shoulder, fractures (भङ्ग), veneral diseases, poison, importance, etc., no other system is as effective as the Ayurveda. However, it is not to be forgotten that in some cases a combination of the two systems will be more effective than either of them applied singly.

Q. 3. (*a*) There is only the Arya Vaidya College of Calicut conducted by the Arya Vaidya Samajam. Here there is not only a well-arranged syllabus but also a medical graduate of the Madras University gives lectures on Anatomy and Physiology with the help of models.

These lectures are generally regulated in the light of the Ayurveda. For practical training in treatment there is, connected with the College, a branch of the Arya Vaidya Sala dispensary also. In addition to this the students undergo a practical course at the Arya Vaidya Sala at Kottakal in the end of their study. I am the secretary of the abovementioned Samajam, the principal and manager of the Arya Vaidya College, an examiner of this college and of the Venkataramana Patasala at Madras, and one of the founders and editor of the medical monthly 'Dhanwanthari'. Besides this I have purchased land sufficient to locate an up-to-date Ayurvedic Hospital and College with a library, laboratory, museum and a garden of medical plants; and buildings have begun and are in progress.

(*b*) The medical aid given at most of the institutions in Malabar, i.e., at the Arya Vaidya Sala at Kottakal, and its branch at Calicut, and those established by the successful candidates at the Arya Vaidya Samaja Examination, and by the pandit members of the above Samajam, as well as at institutions maintained by a few other well-known physicians is generally satisfactory.

The Arya Vaidya Patasala at Calicut, the present Arya Vaidya Sala at Kottakal and the hospital and college that are going to be established at Kottakal are suitable centres for giving Ayurvedic instruction.

The arrangements for practical training are not quite sufficient now anywhere, but, it is expected that the institution now projected at Kottakal, when accomplished, will remedy this defect.

(*c*) There is no provision sufficient at present to give medical relief and medical education on indigenous lines. The existing institutions are quite inadequate if we consider the number of suffering humanity. To remedy this defect there must be established in each district at least one model Ayurvedic Hospital and College; three or four dispensaries in each taluk according to its area; and a good practitioner should be engaged in each village. In all these places arrangements must also be made to give free medical help to the poor.

Q. 4. (*a*) I consider the ideal medical training of the indigenous system requires—

(1) that the students should be placed under the personal guidance of teachers of first-rate ability and of recognized standing in their subjects;

(2) that the teachers and students alike should have access to well-appointed hospitals, laboratories, museums and libraries established on Ayurvedic lines; and

(3) that the teachers should have sufficient leisure to be able to pursue independent investigations in their own subjects.

Besides these, I am also of opinion that the students must get free admission to medical gardens and manufactories of medicines. The Ayurvedic College at Calicut has been started with this view. But it has not at present reached completion. It is believed that when the projected Kottakal institution is complete this stage will be attained.

(*b*) (1) This ideal is not too high. The ultimate aim should be, first, to improve the treatment by medicine till it reaches its former height of perfection and then to supplement it if necessary by adapting useful portions from foreign systems and, secondly, to effect improvements in surgery by combining old and new methods and making it more effective and harmless than it is at present.

(2) The immediate aim should be to give proper instruction to students in the old medical works after making necessary corrections in them, and to encourage minor surgical operations by not attempting difficult ones for the present. This is being done in the College at Calicut.

Q. 5. I do not completely agree with the opinions of the Calcutta University Commission. This system is indispensable for Indians owing to their peculiar mode of life, their constitution, the climate, etc. Owing to the difference in their mode of life, foreigners may find only certain portions of it suitable to them. As far as medicine is concerned, the Ayurvedic system has very little to borrow from other systems. What is necessary is only to understand its principles correctly. For this a knowledge of other systems may be found of some help. It is not so easy to resuscitate surgery on Ayurvedic lines. Here the modern system will have to be followed. Only a little can be got in this department from works now available.

Q. 6. It is not absolutely necessary to take into the syllabus of the indigenous system of medicine modern Physics, Chemistry, Biology or Bacteriology. However, Anatomy, Physiology and Pathology may find a place there till those of the Ayurvedic system is completely revived. Surgery also must be added.

(*a*) The syllabus prescribed for the examination for the Vaidya's diploma of the Arya Vaidya Samajam corresponds to that for the L.M.S., and that for the Siromani diploma, to that of M.B. A printed copy of it in Malayalam is herewith sent. If this syllabus is followed, a fuller knowledge of medicine can be obtained than other doctors but the knowledge of surgery will be less.

(*b*) A tolerable knowledge of Sanskrit and English is necessary. Sanskrit is indispensable. The course for the Vaidya examination is one of four years and that for Siromani five years.

(*c*) Sanskrit is best. Vernaculars also may be used.

Q. 7. I think it is necessary to extend medical registration to indigenous system also. For this purpose—

(*a*) A suitable Registration Board must be formed for admitting competent practitioners into the medical register.

(*b*) In the present Act for the Registration of Medical Practitioners all such parts, if any, as are defamatory to physicians or to the indigenous system of medicine must be repealed.

Q. 8. The cost of treatment according to indigenous system is much less than the Allopathic one for the following reasons :—

(1) All of the drugs are indigenous and most of them obtainable in patient's own village with a very little expenditure.

(2) The method of preparations too of the majority of the medicines is very simple and easy.

(3) Many diseases are cured by effecting some slight alterations in the bathing oils, ghees, water, etc., of daily use.

(4) The rate of medical fee is very low in this system.

(5) By experience an ordinary man can select and prepare many medicines suitable to his ailments without any assistance from medical men.

(6) A single western medicine cannot be obtained without high price.

Q. 9. Within recent years, it cannot be said, that the indigenous systems of medicine are deteriorating. For the last twenty years they have been slowly improving. This is due to the efforts of the Kavirajees of Calcutta and of the Arya Vaidya Samajam of Malabar. Before these enterprises began they had certainly been deteriorating for about two thousand years. (1) The first cause of this is the same as that of the downfall of the Hindu Kingdoms. Owing to the numerous foreign invasions and the consequent unsettled state of the country most of the ancient works on the medical science as well as the traditional transmission of the secrets of the medical profession were lost. (2) Secondly, owing to the imperfection of the knowledge of those that collected and put together the difficult parts of such works and to more clerical faults, many mistakes have crept into them. (3) Thirdly, these mistakes could not be corrected and the Brahman medical men especially of Malabar were not only quite contented with the cures effected with medicines only without paying any attention to the anatomy and practice of surgery, but would not teach it to the people of other castes. (4) Fourthly, after the establishment of the British Government, although there has been lasting peace in the country, they did neither encourage nor even recognize this system. Neither did the people of the country urge in proper way that it could be recognized. (5) Fifthly, those that were rich and influential among the people, as they could command the services of any skilful medical man wherever he might be found necessary, looked only to their own selfish ends without doing anything towards the resuscitation of the Ayurvedic system or to help those that practised it. (6) Sixthly, by this, all institutions for the instruction of the students in the system or for its practice died a natural death. (7) Seventhly, owing to the perfection of the arrangements necessary for the practice of the English system of medicine, to the immediate effect of the medicines and surgery of that system and to the purity of its medicines and the convenience for obtaining them, the English-educated people were easily captured by it and the rich people followed their example. The unostentatious habits of the indigenous physicians and severe restrictions of diet, etc., that they imposed on their patients also helped this abandonment of the indigenous system. (8) The indigenous system having thus ceased to be helped by rich people, its teaching and practice deteriorated and its practitioners were reduced to a state of doing anything only for their livelihood. (9) Ninthly, in consequence of this all opportunity was lost of referring to higher works or of improving the science in its proper way. (10) Tenthly, it is not the custom of Ayurvedic physicians to teach others any secret that they may get by inheritance through a line of discipleship. The above conditions seem to me to be the causes of the deterioration of the indigenous system of medicine.

To resuscitate this system the following things must be done.

All the available works on the medicine must be collected and one of them should be chosen as the approved text for examinations. In my opinion Ashtanga Sangraha is the best for this purpose. However, the Sareerasthana (शारीरस्थान) of this book must firstly be revised and made more clear and the remaining parts must be suited to it. Secondly, after this, the other important works also should be corrected. Necessary additions must be made either by translations or collaboration of experts in portions still deficient. Thus texts must be made. Colleges with all sorts of accessories must be started where instruction can be given to students. Both the people and the Government must be ready to recognize and encourage candidates that come out successful in the examinations. Numerous free hospitals and dispensaries must be established to help their practice according to the revised system.

Q. 10. The Government and other Agencies should help the Ayurvedic system as follows :—

(*a*) Government should start and maintain institutions on the above lines and help those that maintain similar institutions. They should register all existing physicians of ability and public confidence after some slight examination or even without it. Certificates given by such physicians must have the same value as have those given by the English Doctors.

(*b*) Local boards must establish free Ayurvedic hospitals and dispensaries and help others that maintain such institutions.

(*c*) Universities must affiliate Ayurvedic colleges and grant degrees to candidates successful in the examinations.

(*d*) *Private agencies*—Local jenmies and other rich people as well as Devaswoms and other bodies must maintain Ayurvedic hospitals and other similar institutions.

If the above conditions are fulfilled, I am of opinion that this system will be highly advanced in a few years.

(2)

M.R.Ry. Pundit K. C. SUBRAMANIYA PILLAI Avargal.

Ayurveda Siddha Vaidya is the division of indigenous system of medicine which I have been dealing in and my venerable father Doctor K. Chandrachakaram Pillai had been handling in, for generations.

Theory or theories of causation of disease is no small subject matter to confine it to a few lines to justify my answers as every disease has its own causes to spring up or to spread on, under rule " flesh is heir to." The preservation of health is the high end of medical science. By two ways it is attained. The first is to conquer disease when it invades the body, the second is to keep away disease by observing preventive rules. The discovery of these rules is generally regarded as more important than the study of disease and of the means of cure. By health is understood the enjoyment of the period supposed to be alloted to man in perfect ease, that is with cheerfulness and strength and unchanged complexion and the rest.

The rules in respect of food and exercise, by observing rigidly, every person succeeds in keeping his health constitute this branch of medical science, which is known by the name of hygiene. Health is certainly a desirable possession, for upon it, depends the proper performance of every act needed for this life and the life to come. If health be absent, all exertion becomes painful that has for its object, the acquisition of knowledge and wealth and fame, in fact the fulfilment of every legitimate desire. Those observances and sacrifices again, which lead to felicity in the life to come become impossible in the absence of health. It has been said that if a person possesses all the advantages of life such as palaces and parks and beautiful gardens and large estates and loving children and relatives, but is bereft of health, his condition is infinitely more miserable than that of one who while bereft of these is in possession of health. Led by such considerations, the authors of ancient Indian medical science gave prominence to the subject of health. Their works begin with instructions in respect of these rules, by the due observance of which, the inestimable boon of health may be within every one's reach. As this work professes to be a repository of these ancient treatises, it is desirable that the rules relating to the preservation of health, be first laid down.

Those persons who are in the enjoyment of health, that is, they in whose constitutions the three forces or conditions, called wind, bile, and phlegm, are in harmony and who possess the eight constituent elements, namely, the fluids, blood, flesh, fat, bones, marrow, vital seed, and the vital fluid (sperm), in a normal measure and whose urine stools, perspiration and other secretions do not exceed the measure that is proper, should rise from bed at early dawn, namely, about an hour and a half before sun rise.

They should then answer the calls of nature ; and wash their teeth and mouth sitting with face towards the east or the north. They should wash their teeth, using as tooth brush, sticks of prescribed drugs (tree or plant) that is pungent or bitter or astringent in taste, taking care to first chew one of its ends repeatedly till it assumes the form of a soft brush. They should perform the operation in a way as not to hurt the gums or draw blood therefrom. They should next clean the tongue with a hook made of gold or silver or copper. The edge of the instrument must not be sharp. Thus washed, the mouth becomes freed from every kind of foetid smell, and as the result thereof a relish arises for food. Those who are suffering from dispepsia, indigestion, nausea, asthma, consumption, fever thirst, sores in the mouth or diseases of the chest, the eye, the head, and the ear, should never use tooth sticks. They should use powders household or medicated, or burnt cowdung. One should wash one's mouth in the afternoon also as in the morning.

The process of washing being over, one should undergo physical exercise in the proper measure. That is regarded as the proper measure which brings on drops of perspiration on the forehead accompanied by partially quick and heavy breathing. In other seasons than Winter and Spring, the measure of exercise should be even less than this, for excess in this direction may lead to such diseases as abnormal thirst, waste, shortness of breath, consumption, fever, etc., etc. Physical exercise, indulged in proper measure brings about a lightness of the limbs, capacity to bear fatigue and pain and strength of the digestive fire, loss of fat and symmetry of shape.

Children, those that are aged and those that are suffering from excitement of wind or bile or indigestion should not indulge in physical exercises. After exercise the body should be gently rubbed, inasmuch as this dispels fatigue and restores ease to all the limbs.

After fatigue has been perfectly dispelled, one should bathe, having first rubbed the whole of the body with oil, particularly the head, the soles of the feet and orifices of the ears. The use of oil makes the body firm, enhances its growth, imparts to it the capacity to endure fatigue and pain, and renders the skin agreeable to the touch and improves the complexion. After rubbing the body with oil, one should bathe in a clear stream. If no good stream be available, water first boiled and then cooled, should be used. If one wishes to bathe in warm water such water could not be poured upon the head? This is theory though not in practice. Baths in

warm water may promote strength of the body, but if warm water is poured on the head, it is said that the strength of vision is deteriorated. Baths destroy foetid odours of the body and every kind of filth accumulating on the skin. Sweat and the rest best washed off, good looks are restored. The limbs become light. Sleepness and itching disappear. The body becomes strong. The experience of all men agrees regarding the capacity of baths to dispel sleepiness and lethargy. It is said that Napolean Bonaparte who was frequently obliged to forego sleep, found that a bath in cold water refreshed him greatly in the morning. He regarded a bath as a good substitute for sleep. In the same way the principal rules of Hydropathy are laid down and cheerfully practised by a few of its ardent disciples. Once upon a time while I was assistant to Doctor Danakoti Raju, M.D., I was enjoying princely baths in his Hydropathic hospital at Palamcottah in Tinnevelly district. Oh ! What an enviable institution it was during the lifetime of the famous doctor, who was renowned for his universal water-cure treatment.

Rules about food.—After bath, one should sitting in a clean place and erect posture, eat. The food eaten should be lukewarm and oily. It should consist of different kinds of edibles, so that all the six tastes may be present, namely, sweet, sour, pungent, bitter, saline and astringent. It should be nutritious and so prepared that one may have a delight for it. It should again be served by a person who bears affection or love for the eater. One should not eat very quickly or slowly. Proper measure of food should be taken so that the body should remain light after eating. One should eat till hunger and thirst are appeased. After eating is over, one should chew spices enclosed in betel leaves. Within the first fourth part of the night one should take his second meals as described above. After supper, one should sleep in a dry clean, and ventilated room on a wooden bedstead. The bed should be soft and suited to the season. The duration of sleep should be from six to eight hours. For protecting the body therefore sleep of the required measure is as much necessary as food of adequate quantity.

To indulge in sexual congress in proper measure is also necessary for the protection of health. Season should not be disregarded because Summer is ill-suited to this indulgence. The woman should be full of desire and should be a willing party. Similarly in sexual congress one must not act against the course of nature. Persons affected with fever and other diseases should carefully abstain from sexual intercourse. Regards must be paid to the six seasons of every year, and all precautions must be taken to suit oneself in adhering to the dictates of nature.

Besides these daily practices and the especial acts for especial seasons, there are others which are laid down for persons desirous of keeping up their health. These are meditations on the Deity as also prayers and worship, after the performances of ablutions in the morning and also in the course of the evening twilight. One's rule of conduct should be to show compassion towards all creatures. By properly observing these rules about health, one succeeds in avoiding disease and enjoying the best life. It is clear, therefore, that every human being should strive his best to keep up his health.

If these rules of health be not observed various diseases spring up in the body.

Note.—Pure water, distilled water, well-water boiled and cooled for drinking purposes, keep off disease at a distance. Care should be paid in procuring drinking water at times of fearful infections.

Regarding the principle and methods of diagnosis and treatment followed by me in Ayurveda Siddha Vaidya system I beg to state to the committee that at the outset must the disease be ascertained, after this the medicine ; after this, should the physician treat, the disease with full knowledge.

One of the essential requisites of treatment is the ascertainment of the disease under which the patient is suffering. If the disease be not correctly ascertained, proper medicine cannot be prescribed. It has been remarked by an ancient writer that if a man cannot be called by his own name, he will not answer ; if again is called by a name that is not his, he may answer but never willingly and without wrath. After the same manner if a disease be not rightly diagnosed, it will never answer or obey the physician's commands. Briefly speaking, there are three aids to correct diagnoses. They are (1) instructions received from books and teachers, (2) observations and (3) inference. At the outset the physician should carefully ascertain every particular about the patient and his sufferings and then compare the patient's state, with what he has read in books or heard from teachers. After this he should exercise his power of inference about the causes which have led to the disease and their strength. While answering every particular about the patient, the physician should use all his senses for examining him. For example, the patient's complexion, features, size (leaness or fatness), aspects as also his stools, urine, etc., being objects of vision should be examined by the eye. The history given by the patient's malady and the antecedent circumstances, his groans, if any, the sounds produced from his chest, stomach and other parts of the body, being objects of hearing, should be heard. The smell of the body of his stools, urine, semen, and ejected matters should be examined by the nose. The heat of the body and the course of the pulse should be examined by the touch. It is not always possible for the physician to employ his own tongue for examining the patient. But in diabetes and other complaints, the sweetness or otherwise of the urine and in certain diseases, the tastelessness of the whole body and in bilious hæmorrhage the taste of the blood, may be ascertained through other creatures such as ants, crows, dogs, etc. The appearance of little vermin all over the body shows its tastelessness, while swarms of flies sitting over the body shows its sweetness. Ants

prove the sweetness of the urine. In bilious hæmorrhage, doubts often arise whether the blood is life blood or any vitiated liquid extraneous to the system. In such cases a little of the liquid should be given to the crows and dogs. If these animals drink the awkward blood, it should be regarded as life blood, otherwise it is not so. The strength of the digestive fire, the strength of the body, the presence and absence of consciousness, the strength of the memory and the general habits of the patient should be ascertained by observance of special acts. Diabetics sometimes differ slightly. In such cases, by administering in a light dose, a well ascertained medicine and marking its effects upon the patient, in respect of aggravation or amelioration, the precise disease may be diagnosed.

In answer to (c) of 2, I beg to say that in some instances the treatment by means of indigenous drugs are marvellously and wonderfully more efficacious. For instance diabetes, fever, veneral diseases and diarrhœa. I am specialist in diabetes, my medicines are good, as far as my experience goes right. In stricture the oil ashmari which I prepare myself is unequalled. Fever I control in half a dozen doses. In venereal diseases, Sulini Thylum never fails. I am prepared to prove the efficacy of treatment by means of indigenous drugs more preferably.

I had my own dispensaries in Anamalai and Kanyur working at my own cost, and distributing medicines gratis to hundreds of patients daily. The one at Pollachi has been in existence for many years, and it is within easy reach of all poor people more preferably women and children. Further I beg to add that I was giving instructions from books on indigenous system of medicine to some students. In fact I am known as Ayurvedic pandit possessing some capacity. In preparing some of my patent medicines though not registered, and offering them for treatment among my friends to whom I had been family physcian. Some time ago the Calcutta Medical Association was under Dr. Wallace who was editing Indian Medical Record. It was a monthly magazine. I was a constant contributor to it. They styled me a member of that institution. They added C.M.S. to my name (meaning certified in medicine and surgery.)

Regarding question 3, I beg to say that the existing institutions of indigenous system of medicine are of course praiseworthy though small in numbers. Because the new reform act gave life to Council members to discuss so great a vital subject and brought into existence a committee to hear the various opinions with a view to revive the same wherever possible.

Considering the numberless institutions wherein are taught western medicine and surgery and wherein innumerable patients are being treated with western medicines by our benevolent Government, the small number of indigenous institutions may be reckoned to be inadequate. However we have hopes to have more encouragement based upon the erudite and practical report of the committee which is expected to do its utmost duty in the genuine interest of its mother land.

In answer to question 4, I beg to state that the training of the students under efficient staff of teachers require supervision till the students are declared fit to impart their scientific and skilled knowledge to the needy population so that their merits may be adequately shared by the suffering public. Their free access to hospitals, museums, laboratories all libraries may be doubly profitable to them, if they are really interested to obtain both the theoretical and clinical knowledge in all branches of medical science.

In my humble opinion it is not too high at present to seek for this ideal inasmuch as the long-coveted desire is about to be obtained at a near future.

Regarding the Calcutta University Commission Report, I dare not criticise their views, as they were advanced by literary and professional gems of India, whose vast experience of both the hemispheres, has been an unquestionable hypothesis based upon sound principles. If in Southern India we are blessed to have hospitals or medical institutions imparting indigenous system of treatment, there may be a day at a near or a remote future when the western and eastern experts in medicine may be forced to stand side by side and defy each other. In India as at present, no unified system of medicine can be promising as India is rendezvous of different nations keeping their changeable activities. Of course, Indians have their own physiology for themselves to study. They are not inferior to others' sciences. In these days of economics, (social, political) and history of economics is also being taught for B.A. students in colleges I am afraid the term economy will lose its intrinsic value if superfluous suggestions are added to. Even compounders of hospitals nowadays with their theoretical knowledge in dispensing obtain their daily practice, in spite of the vigilance and the fearful presence of their chief controlling authorities. So, no fear need be entertained with novice practitioners qualified in indigenous scientific treatment who are sure to avoid suffering of patients instead of being a burden to them.

The study in elementary principles of medicine added to advanced culture aspiring for higher standards, may suffice for the present, as is the case with sub-assistant surgeons who have been really useful to the suffering population doing true and sincere services.

The period of study may run from one to three years according to the curriculum which may be made feasible to all.

Rigorous registration of practitioners may seriously tell upon so many who are in close touch with their present day physicians.

Regarding comparative cost of Allopathic and indigenous medicines, the latter cost very little. At least 50 per cent may be conveniently saved deducting all extra contingencies towards preparations of medicines. They are all bazaar medicines, household drugs and forest-plants. Unavoidable neglect on the part of rulers and officers under them towards Hindu medicines forced them to go to Government hospitals in addition to the present day civilisation and was the cause for decay of indigenous system of medicine. Even in Native States the same was the fate with the indigenous system of medicine.

The State can afford to do anything. It can review the whole thing if it likes and introduce a new line in this particular branch as it is within their own control and guidance. But care should be taken not to wound any one's feelings but ameliorate the condition of the renowned ancient Indian healing art.

The local board can afford to contribute towards private enterprises in introducing the hospitals and schools of indigenous system of treatment if they cannot afford to provide them independently.

As regards Universities they are full of literature, economics, history, science and all. They need not be depending upon others' views. They will set examples for others to follow.

(3)

M.R.Ry. V. NARAYAN NAYAR Avargal.

Answers to the Questions.

Q. 1. I propose to deal with Ayurveda. It is well known that the Ayurveda, translated into Arabic, was studied and practised by the Muslims, and their physicians brought it again to India under the name of the Unani system. That system was introduced here with success owing to the encouragement given to it by the Muhammadan rulers. Since then the Unani system prevailed among the people, especially among the Muhammadans of Northern India. So the Unani system may be recognised as a separate system and dealt with as such. But there is very little reason to consider the so-called Siddha Vaidya as separate from Ayurveda. Some portions of Ayurveda were translated into Tamil and practised by the Vaidyas of Southern India. These physicians were known as Siddha Vaidyas. The word 'Siddha' means only 'a Rishi'. The Tamil Vaidyas use more of the preparations from 'Rasa' and 'Pashana' (mercury and arsenic). There is a slight difference in their theraupeutics and mode of administration also. But that is not sufficient reason to consider the system as distinct from Ayurveda. There is no difference between the Ayurveda in Sanskrit and the Tamil Vaidyam in the theory of causation of diseases, symptoms or the important principles of treatment. The language or phraseology cannot make two systems separate from each other. If we recognize the difference in language, then the Ayurveda should be divided into so many systems as Bengali Vaidyam, Telugu Vaidyam, Hindi Vaidyam or Malayali Vaidyam and dealt with separately. So I think it would be better to include the Siddha Vaidya in Ayurveda or call the latter by a new name of Siddha Vaidyam.

Q. 2. (*a*) The Ayurvedic system is based on the theory of the three 'Doshas', viz., Vayu, Pittham and Kapham. This theory of 'thridosha' does not correspond to the old theory of the three humours. This thridosha is the name given to the latent force of the macrocosm classified under three basic principles. The three 'doshas' are forces and not substances.

The thridosha theory has no connexion with the methods of the modern science. The modern science tries to analyse matter into its component substances and terms them accordingly, thus creating an ever increasing variety of substances and becoming itself imperfect. The ancient science, on the other hand, tries to classify the forces underlying the substances according to their function in virtue and became perfect. The underlying principles of Ayurveda and modern science differ a good deal in the method of explanation. This difference in expression was created by a similar difference in conception also. It is no wonder, then, that the modern science became dissimilar to the ancient science owing to the difference in conception, interpretation and phraseology. So I think it is unnecessary and futile to try to have an interpretation of the thridosha theory of Ayurveda in the terms of modern science.

A knowledge of the basic principle underlying the region of organic and inorganic matter of the phenomenal world, the structure and functions of the different parts of the human body, the normal or healthy state of the body and the changes that occur during the state of diseases, the pathology and symptomology of diseases and the method of healing are to be importantly dealt with in a good system of medicine. It is essential to examine the Ayurvedic system with reference to the above points and see whether it has assimilated the said points and can stand the test of reason and the criticism of learned authorities. If it can, it should be recognized as a competent medical system. If we make a minute study of the works of ancient authors as 'Susrutha' 'Charaka', etc., with the above object in view, we can find the theory of thridosha as rational and satisfactory. It is to be admitted that even those physicians who have made an elaborate study of these ancient works may find it difficult to interpret the system in the language of modern science or convince the modern scientists. But according to the wishes of the Committee I propose to give a brief description of the same.

As in the case of all other living matter, so in the human body also, a certain force is perceived manifesting itself in different aspects. The force that cannot be perceived by the senses but can only be inferred by means of reason or intellect is known as 'Sukshma Sakti' or subtle force. Its external manifestation is known as 'Sthula Sakthi'. The most subtle living force is known as 'Jnana Sakti' or thought force. The first impulse created in the action of the different senses and their capacity in their functions are the products of the said thought power. The most visible form of the said force becomes the primary cause that controls our cognitive and organic faculties and produces the various motions of the body for inhaling and exhaling, taking in the food and the secretion and discharge of waste matter. The resultant or most visible that is evolved out of the thought force is known as the force of action or 'Sthula or Kriya Sakthi,' which is the power of motion manifested in the body. The force embodied in the brain centre, the nervous system and the various nerve currents and producing the sensory and motor functions is termed in Ayurveda as 'Vayu'. This Vayu of the Ayurveda is not wholly a physical or organic force, but has its spiritual aspect as well. The Ayurvedic system is concerned more with the potentiality of the components of the human organism than with its gross members. Thus we see that the term Vayu is applied to the whole range of forces from the more subtle thought force to the more gross manifestation of the bodily motions, including the co-relative functions of the body by virtue of which one part of the body is able to exert a direct influence on another, or the body becomes a source of molar motion by its parts as a whole. It is the one force which runs through the spirit, mind and matter and is called Vayu because of its motion (va — to move).

The grossest manifestation of Vayu is attributed with the 'gunas' dryness, lightness, clearness, coolness, motion and subtlety. The function of Vayu in the body are the imparting of motion (Praspandana) the carrying the sensations of the various sense organs (Udvahanam), taking down the food through its proper receptacles (Puranam), the separation of excretions from the assimilated food (Vivechanam) and retention of the urine, semen, etc. (Dharanam).

The generative function that assists the process of reproduction which is the detachment of a part endowed with the power of developing into an independent whole is performed by the force called 'Pittha'. Pittha metamorphoses the 'Rasa', or essence of assimilated food, through a successive series of organic principles to the protoplasmic substance. Pittham signifies the agent of metabolism. The term denotes two different organic principles—the heat inherent in the bile, the principal agent in performing digestion, and the metabolism which produces the bodily heat (digestion and oxidation). Both Pittham and Kapham are transformations of the same energy—Vayu. The action of Pittham is the production of positive heat, and that of Kapham is the production of negative heat. Thus we see that the term Pittham is applied to the metabolic processes in the organism as well as the fluid heat incarcerated in secretions of the liver and acts as the agent in the process of digestion. Pittha is said to be latent in serum, blood, lymph chyle and albumen, etc., and in the organs of touch and sight. Heat, keenness, lightness, etc., are attributed to the manifested Pittham. Pittham supports the body with the supply of bodily heat, power of digestion, sight, thirst, hunger, appetite, complexion, intellect, power of memory, smartness and softness of the body.

It has already been said that Pittham and Kapham are transformations of Vayu and that Pittham is the positive heat of the body. Kapha is the negative heat or the cooling principle which prevents the excessive effect of the bodily heat by means of its humidity and keeps intact the different component molecules. It supports the body with the supply of power of endurance, the development of organs, strength, smoothness and coolness. Kapha is the function which regulates the material composition of the body determining its mass—the balance of the process of waste and process of assimilation. Kapha fills the cellular spaces of the body, holds them together in a kind of cooling cohesion and prevents the combustion that may otherwise be caused by the organic heat. The 'gunas' attributed to the manifested Kapha are whiteness, coldness, oiliness, heaviness, smoothness and firmness.

The location of Vayu, Pittha and Kapha are generally said to be the lower, middle and upper parts of the body respectively.

Each of the three 'Doshas' is divided into five different subdivisions according to their locations and functions, thus making the 'Thridosha' theory perfect. A correct knowledge of these subdivisions with their functions assists the Vaidya in correct diagnosis of diseases and prescription of suitable medicine.

The 'Doshas' in their normal state keep the body healthy and in their deranged condition cause disease. Derangement means increase, decrease or dislodgment of these 'Doshas'. The ancient books have described the symptoms that attend the deranged state of the doshas. When certain changes are perceived in the body, it should be considered that one or more of the doshas have become vitiated.

The increase of Vayu is followed by roughness of skin, blackness of hue, emaciation, tremor of limbs, desire for heat or hot things, loss of sleep and decrease of strength. A decrease of Vayu is marked by langour, shortness of speech, uneasiness and loss of consciousness, etc.

The symptoms of an excited or disturbed condition of Pittha are a burning sensation, yellow complexion, perspiration, impurities, decrease of strength, yellowness of stools and urine and sleeplessness or a dull complexion, decrease of bodily heat and an impaired state of digestion, etc.

The indications of a deranged state of Kapha are whiteness of the skin, coldness, dullness, heaviness of the limbs, a feeling of looseness of joints and excessive sleep, etc.

All of the abovementioned symptoms may not be seen in a certain disease or the symptoms may be mixed or complicated. In that case we describe the derangement to a certain dosha taking into consideration the major portion of the symptoms The above is only a brief description. It is not possible to give here a detailed description of the 'Thridosha' theory. An elaborate knowledge of this theory is most essential for an Ayurvedic physician. That knowledge assists him to diagnose and treat all cases of diseases. Even unknown and new diseases as Plague, Influenza, etc., may be diagnosed and treated according to this theory with a great amount of success. There are prescribed drugs and medicines for increasing or decreasing the doshas and for retaining them in their normal state. There is an abundance of models and ideals of treatment of these doshas in our Shastras. We are prepared to submit our theory and practice to investigation and criticism. It cannot be said that we require no knowledge of anatomy and physiology in the diagnosis and treatment of diseases, but we perform them satisfactorily with the aid of a clear knowledge of the theory of 'Thridosha' alone

(b) *Principles and methods of Diagnosis.*—In the diagnosis of diseases we take into consideration the following five important points :—

(1) Nidana, or causes distant and immediate, direct and indirect, such as abnormal diet, history of the disease, including hereditary, etc.

(2) Pragrupa or preliminary symptoms during the inquibatory stage of the disease.

(3) Lakshana or Rupa, the actual symptoms at the time of diagnosis or the symptoms manifested in the mature state of the disease.

(4) Upasaya, or an experiment. Here the physician administers certain medicine and diet and finds out by the improvement or aggravation of such treatment the nature of the original disease.

(5) Samprapthi—tracing the morbid or deranged conditions of the organs supposed to be affected. By this point we ascertain the balance, importance and the proportion of the dosha deranged.

We ascertain the above points —

(1) by a proper use of our senses,
(2) by means of questions,
(3) by means of touch.

The Ayurvedic physicians have developed the power of observation to a great extent. Though we do not use any instruments, we utilize all possible means of detecting the disease at our command and employ all the five senses and thus arrive at a correct diagnosis according to our method. We pay special attention to the nature of the disease, the locality, the season of the year, the state of the patient's digestion and appetite, his age, bodily strength, habit, disposition, natural temperament, power of endurance and previous treatment.

We examine particularly (1) the pulse, (2) temperature, (3) complexion, (4) sound, (5) the eyes, (6) the stools, (7) the urine, (8) the tongue. This is known as the examination of 'Ashtasthana.'

In the examination of a patient we make use of our five senses in the following way :—

(1) *By the eye* we examine the patient's complexion, features, size, aspect, eyes, and also the colour of his stools and urine.

(2) *By the ear* the groans if any, the sounds produced from the chest and the history of the disease and its antecedent circumstances.

(3) *By the nose* the smell of the patient's stool, urine, blood, semen, sweat and his entire body.

(4) *By the tongue,* the taste of his stool, urine, blood and the tastelessness of his body. The physician does not use his own tongue for this purpose but ascertains the taste through other creatures, such as ants, crows, etc.

(5) *By the sense of touch,* the temperature and the pulse.

By this examination we ascertain the dosha deranged, minute details regarding the variety of the disease, the stages of the vitiated dosha, the primary and secondary diseases or complications, the strength of the disease, the course of the disease according to season and time.

Principles and method of treatment.

In our system of treatment, the potency, efficacy and virtue of the drug is taken into consideration and not the component matters of the drugs. In treatment we have in view the law of 'Sama' or similars and 'Vipareetha' or contraries. The theory is that a substance has aggravation by the contact of similars and decline by the contact of contraries. The principle of treatment is the application of contraries.

Ayurvedic treatment is primarily classified under two heads —

(1) Shodhanam or clearing of the body of the vitiated Dosha, and

(2) Shamanam or palliation which consists in restoring the deranged dosha to its normal condition.

Shodhanam has five means known as 'Panchakarma'—
(1) Virechana or purgation.
(2) Vamana or emitics.
(3) Nasya-cerebral purgation or errhines.
(4) Vasthi or enema (both dry and oily).
(5) Rakthamoksha or letting blood by viveseetion or leeches.

Shamanam has the following seven methods :—
(1) Deepanam or increasing the digestive fire.
(2) Pachanam or promotion of digestion.
(3) Kshuth or enduring hunger.
(4) Thrit or enduring thirst.
(5) Vyayam or physical exercise.
(6) Athapam or exposure to sunlight.
(7) Maruthamam or exposure to open air.

There are certain preliminary preparations to be performed known as 'Purvakarma previous to the treatment proper. They are 'Sneha' and 'Sweda'. Sneha is the administration of certain greasy preparations of ghee or oil internally and externally. This separates the morbid matters that stick to the tissues. Sweda is a method of producing perspiration which brings the waste matter to certain parts of the body such as stomach, intestines, etc., from where they can be easily removed by means of purgation, etc. Drugs are classified into various classes according to their properties as purgatives, emitics, diuretics, diaphoretics, etc. Thus it is easy to select the drugs required for a particular treatment. There are particular methods of administration also prescribed by our Shastras.

After the above 'panchakarma' is performed, the administration of certain drugs of a mild character may be necessary to assist nature in restoring the tissues to their normal condition and keeping them healthy. This is called 'Paschathkarma'.

As there was no necessity to satisfy the Government or any public institution and as the Ayurvedic physicians were not accustomed or inclined to the adoption of modern methods, 99 per cent of them are not in the habit of keeping register of patients. So we are not in a position to support the general efficacy of our treatment with facts and figures But the general public seem to be satisfied and approach more and more our system for relief. From the rough notes that I have kept of the cases treated by me, I can say that 95 per cent of the results was satisfactory.

(c) The Ayurvedic system of treatment is found to be more efficacious in the diseases that can be cured by medication only without the help of surgery, in diseases of the nervous system, such as Insanity, Hysteria, Epilepsy, Paralysis, etc., than any other system. I have my own practical experience of four cases of tetanus, three of which were taken up for treatment by the Allopatic doctors and one, which was an attack after delivery, was treated by me according to the Ayurvedic system. The last case had a good result, while the three others succumbed to the disease. In the time of the prevalence of influenza I kept a special register of influenza patients. The cases with pneumonia were diagnosed as 'Kaphavathadhika Sannipatha Jwaram'; the cases with affected liver were diagnosed as 'Pitthadhika Sannipatha Jwaram', and the other variety as 'Vathadhika Sannipatha Jwaram', and treated accordingly. I found the result very satisfactory.

Q.—3. (a) No.

(b) I don't consider.

In the matter of medical relief the existing institutions are deficient because (1) they have no proper equipments for the admission of in-patients, (2) there is the difficulty of obtaining genuine drugs, (3) sufficient laboratories are wanted.

In the matter of medical education, the existing arrangements are deficient because (1) there are no colleges well equipped, (2) expert physicians cannot be had as teachers owing to want of attractive remuneration, (3) there are no hospitals, laboratories, botanical gardens, etc., attached to the existing institutions, (4) there is not State recognition or prospects to attract students.

(c) There is no sufficient provision at present. The insufficiency can be remedied by (1) the Government establishing and managing directly ideal institutions for training, (2) rendering pecuniary and other help to the private institutions.

Q. 4. (a) I consider that the three items are essential. No existing institution in this Presidency has attained completely the said ideals. I think that the ideal may be gradually attained if there is sufficient encouragement and help from the Government.

(b) The ideal to be ultimately achieved should be to produce a number of competent physicians and afford them facilities for the practice of Ayurveda. This can be attained by—

(1) recognizing selected competent men from among the existing practitioners and granting them certificates ;

(2) establishing a model college managed directly by the Government;

(3) the publication of a suitable curriculum of study ;

(4) arranging to hold a medical examination for which private candidates also should be admitted ; and

(5) establishing a medical factory under the direct control and supervision of the Government.

For the above purposes a Medical Board should be formed and an Indigenous Medical Department, independent of the existing Medical Department, should be created.

Q. 5. I don't agree with the view.

Q. 6. Modern scientific methods have nothing to do with the study and practice of the indigenous system. Owing to negligence for a long time the Ayurvedic surgery stands in need of revival and for this purpose a knowledge of modern surgery with an elementary knowledge of modern anatomy and pysiology may be helpful. So these two subjects may be included in the curriculum of study.

(a) & (b) It would be better to leave the settlement of the course of study and the different standards to the Medical Board of Indigenous System.

(c) The medium of instruction for Ayurveda should be Sanskrit. But at present instruction may be given in the vernaculars—Tamil, Telugu or Malayalam. The examination should be conducted by competent men who have a good knowledge of Sanskrit and the particular vernacular. Preference should be given, in all respects, to students who have a fair knowledge of Sanskrit.

Q. 7. Medical registration should be extended to the Indigenous system also.

(a) The local District Boards should be asked to supply a list of competent physicians of their locality with their qualifications. The members of the Medical Board should be selected from those physicians by the Minister in charge directly. This Board shall perform the functions of the Registration Board also.

(b) The existing legislation should be so modified as to suit the conditions of the Indigenous system. But I don't think that much addition is necessary to it.

Q. 8. The Indigenous system is cheaper for the following reasons :—

(1) The drugs can be had locally and need not much transit charges.
(2) The preparation of most of the medicines is easy and requires little cost.

On account of non-recognition of their merit the Ayurvedic physicians are not able to get sufficient remuneration in the form of fees. Hence they are compelled to take a good amount of gain from the sale of medicines and have become like merchants. This leads some to think that the Indigenous system is not cheaper.

Q. 9. The causes are—

(1) Non-recognition by the Government.
(2) Difficulty of obtaining genuine original manuscripts.
(3) Scarcity of translations in the vernaculars and the decay of Sanskrit study.
(4) Want of good commentaries on the ancient works to suit modern mentality.
(5) The difficulty in obtaining genuine drugs.
(6) Want of hospitals to help the practice of the 'Panchakarma' already mentioned in (2) (b).

The removal of these defects and the introduction of the said changes will certainly bring about a revival.

Q. 10. (a) The Government should recognize the system, should grant certificates and licences, should admit competent men to the medical register, should establish a central model College of Ayurveda with a laboratory, hospital and botanical garden attached to it, and should grant pecuniary help to private institutions.

(b) The Local Boards and Municipalities should start and maintain dispensaries under the supervision of competent paid physicians and distribute medicines free among the poor people.

(c) The Universities should prescribe curriculum, hold examinations, and confer titles and degrees on competent physicians.

(d) Private agencies (individuals and associations) should start free charitable dispensaries under the supervision of competent paid physicians and maintain them with public donations and Government help.

(4)

M.R.Ry. AYURVEDA BHUSHANA PANDIT C. V. SUBRAMANIA SASTRI Avargal, A.R.A.C.

Q. 1. I propose to deal with the Ayurvedic system of medicine.

Q. 2. (a) According to the Hindu Medical Science the body is made up of the five elements—Fire, Air, Earth, Water and Ether. From the earth are made the seven Dhathus—Chyle, Blood, Flesh, Fat, Bone, Marrow and Sperm. These seven Dhathus constitute the different parts of the body. The seven Dhathus are born of Prithivi and it is in these and on these that the other four elements are acting. The dhathus are not capable of exerting themselves or safeguarding themselves. They are inert by themselves. But they act with the help of the tridoshas which are the powerful or vital elements of the body. The bones fat, flesh, etc., cannot act by themselves without extraneous help. The four elements (i.e., other than prithivi) make up the tridoshas. These are called doshas because they act upon dushyas or dhathus. The three doshas are vata, pitta and sleshma. Vata has the characteristics of air. It is

light. It is pre-eminently connected with movement, pain and sensation. It regulates the work of the different organs, causes shivering and so on. Pitta has the characteristics of fire. It creates energy in the body, carries on digestion. Sleshma is concerned with hardness, itching sensations, lubrications of joints and bones, swelling and preventing the entrance of foreign bodies into the body. It is white in colour. In a well-balanced or normal body the Dhathus and dushyas work in concert. They act and react upon each other. There is an equilibrium maintained between them. The tridoshas so act as to make the different doshas function well.

Diseases are caused by the disturbance in the equilibrium maintained between the dushyas and doshas. The three vary in different persons. In some pitta may predominate, in others slesma. We accordingly recognize vatha sarira, pitta sarira and so on. The dushyas are subordinate to and acted upon by the doshas. The doshas are capable of doing mischief. Working in concert they carry on the work of the body but disturbed they are the cause of disease.

The existence of germs was known to sushruta, who speaks of round, red, krimis, invisible to the naked eye. They are said to cause tuberculosis, eruptive fevers and so on.

In ' nidana ', it is stated that certain diseases are communicated by touch, air, dining together, lying on the same bed, wearing the clothes of others, etc., leprosy, dysentery, tuberculosis, falling of hair, etc.

Vagabhata also speaks of disease krimis. He states that into open and unprotected wounds, krimis are introduced by insects.

If we remember that vata is connected with sensation, movement, regulation of the work of the organs, there is little doubt that vata is of the nature of nervous impulses. That the nervous impulses are of paramount importance need not be stated. The diseases due to deranged vata are the same as those due to deranged nerves.

Pitta has the characteristics of fire and it corresponds to the oxidational process. Modern science tells us that the work of the body is carried on by the oxidation of tissues. The oxidation in the tissues is the source of heat and energy. The different kinds of work carried on in the body draw their energy from this process. According to our theory, pitta creates energy in the body, carries digestion, etc. If the oxidational mechanism be deranged, diseases do result and these diseases are the same as those of deranged pitta.

The functions of sleshma are lubrication of joints, preventation of the entry of foreign bodies, etc. They are evidently the same as those of lymph. Deranged lymph or deranged sleshma causes many diseases.

Thus we see that the three elements have corresponding names in the modern science also. As a working hypothesis, our theory is quite sound. It is seldom possible to pronounce a verdict on a theory like this once for all. There is much to be investigated and brought to light. Modern Physiology is yet quite in the dark about various things. What about the theory of harmones ? Is it not something like the theory of humours ? Many problems in Biology are not yet understood. What about the theory of pangenesis of Darwin, or continuity of germplasm wiseman or the inheritance of acquired characters and determination of sex ? Has the final word been said about these ? Sometimes the theories put forward by eminent scientists appear fantastic. But it is not in keeping with scientific spirit to declare a theory to be false or impossible before sufficient investigation has been made. For long years the scientists have laughed at the idea of manufacturing gold. But recently a German Scientist actually manufactured gold. In the critism of adverse opinions in matters of science we forget that there is yet much to be learnt, that the progress of science till now has been like gathering pebbles on the seashore of knowledge and that there yet lies the sea beyond. Bio-chemistry, as I have said elsewhere, is still in its infancy. The British Pharmacopoeia according to a certain writer requires thorough overhauling. Thousands of lives are being saved by the indigenous systems of medicine. The test of a good theory lies in its practical application ; and as a working hypothesis as already stated our theories are quite sound. The theories of Allopathic system might be sound as theories, but they do not always show the expected result when applied. Referring to the Ayurvedic system Dr. Clarke of America has stated that if all the Allopathic Doctors gave up their theories and took to the tenets of Charaka, the chronic diseases and mortality in this world would be considerably reduced. Such a system is denounced as empirical. But in a sense all medical science is such. It is based on experience and our theories have been formulated through long ages of experience of the treatment of the disease of man. The Allopathic system is of but recent origin and many of its conclusions are based on experiments tried upon other animals.

The principles of diagnosis are very elaborately and scientifically described in the " Madhava-nidana ". The methods may be briefly stated to be of five kinds, viz., diagnosis by (1) etiological means, i.e., proceeding to know the disease by finding out the cause, (2) purvarupa, i.e., premonitory symptoms, (3) symptomological, (4) experimental treatment and (5) noticing the full development of the disease and deranged organs.

Nidana.—We know what disease will result from a certain action, e.g., a man who eats earth, it is stated, will get ' panduroda '. We know the cause of the disease condition in this person and we proceed to diagnose the disease from the cause. The causes of diseases are of various kinds—the disturbance of equilibrium or the loss of harmony between doshas owing to season variations, immoderate diet, etc.

Purvarup.—Here we proceed by knowing the premonitory symptoms, e.g., as in the case of fever. For vatajwara, yawning is characteristic. Before pittajwara loss of taste is an initial stage.

Rupam —If the premonitory symptoms are well developed we easily find out the disease.

Upasaya.—This is experimental treatment. We proceed to use drugs which will soothe disease and the causes as well. We also use drugs which under ordinary circumstances have an effect similar to that of the disease. For example, in vomiting we use fruit of Randia dumerotum, thus stimulating the disease to expulsion or snake poison in fevers. Probably the principle is similar to that of toxim and anti-toxim theory of the Allopathic system.

In Sampraptht we note the fully-developed symptoms and discover what organs are deranged.

We are also guided in the examination of the patient by (1) darsana (sight), (2) sparsa (touch) and (3) prasna (questioning).

Darsana as in cough, noticing respiratory movements, colour of the skin, fæces, urine, etc.

Sparsa as in fever, tumorous enlargement of liver and spleen.

Prasna—Questioning about taste, conditions of bowels, etc. After diagonising the disease we proceed to consider the following features concerning the patient before we actually begin the treatment:—

(1) The conditions of the dushyas (organs) and doshas.
(2) The country in which the patient resides.
(3) The general tone of health.
(4) Time and season of the disease.
(5) Digestion of the patient.
(6) Constitution of the patient.
(7) The age of the patient.
(8) Virility and vitality.
(9) Constitutional likes and dislikes.
(10) The food he usually likes.

We also consider whether the disease is due to deranged doshas or brought about by extraneous causes like shock, falling, mental worry, etc. If, for example, the case is one of fever, we consider whether it is due to fermentation or putrification in the digestive system. In such a case, we give rest to the digestive organs by judicious fasting. The kashayams for causing appetite are given. If there is excess of kapham, emotics are given. In serious fevers we use external cooling oils, application of ice, etc. Throughout we take care that some nourishing or tonic medicine is given.

Our treatment is often denounced as empirical. Even the late ex-President of Lukis has stated that all systems are to a certain extent empirical. Is the free use of drugs like arsenic, quinine, asperin (used by Allopathic Doctors) in fevers natural? Our treatment is quite natural. In anti-intoxication we resort to fasting. In tuberculosis we resort to goat's milk, pure air, nourishing diet, rest, cheerfulness of the patient with tonic of Aswagandha and Vasa, etc. In anæmia we give iron tonic. In fevers we often give steam baths. In dropsy a salt-free diet is adopted. This feature as is well known has been borrowed even by the Allopathic system and yet our system is condemned as empirical.

Our treatment in phthisis, bowel complaints is very natural. The use of enema is known to us. Gargles, blisters, etc., are commonly used with considerable success.

As regards surgery the work done by our ancients is wonderful. They were familiar with amputations, lithotomy, etc. Sushruta and Vagabhata have devoted several pages to surgical treatment. Instruments corresponding to Allinghams Speculum, etc., have been described in these works.

As to the general efficacy experience tells me that it is quite successful. Minor ailments like digestive troubles, etc. are invariably cured. Fevers are very successfully treated. In dropsy, anæmia and tuberculosis also the treatment as shown above is excellent.

After all, in medicine the efficacy of the system is to be judged not by absolute standards or by theoretical standards but by clinical efforts. We have also to consider how the people take to it. I have elsewhere cited the instance of the Ayurvedic Hospital at Tirupati growing to be very popular in a very short time. The average monthly attendance in our hospital is over 3,000 whereas in the local Municipal Hospital which has been existing for over 20 years is only 1,000.

(c) As an answer to this question I quote Dr. John Lindley : " And they (i.e., European practitioners) find the medicines which are powerful in Europe comparatively inactive in other climates. The heat of a country, its humidity, particular localities, food and the social habits of a people will predispose them to varieties of diseases for which the drugs of Europe offer no sufficient remedy and will render that which is relied upon in one country unworthy of dependence in another. Thus the cinchona bark of Peru important as it is in Europe is, we are told, rejected by the people among whom it grows, because it is found too stimulating and heating for their excitable conditions.

Exotic drugs are not only costly but often so much adulterated as to be unfit for use."

Again, "It by no means follows that plants are inert because medical men have reported unfavourably of their action. The most powerful species have had their energy destroyed by unskilful preparations or by not knowing at which season to collect them.

The very nature of tropical countries generally causes the properties of plants to be more concentrated and completely elaborated than in northern latitude."

The above extracts clearly show that the virtue of drugs varies with different countries. It has been said that one man's meat is another man's poison. It may, on the other hand, be aptly said that one man's medicine is another man's poison. For the same drugs may have quite the opposite effects on two individuals, especially if they differ in birth and constitution, etc.

Q. 3. (a) Yes. I am now the Senior Pandit and Physician in charge of the Sri Venkateswara Ayurvedic Dispensary and Patasala, Tirupati. This institution was only a year back started by the Sri Mahant of Tirupati. It affords medical relief primarily to the numerous pilgrims that ever stream into Tirupati from all parts of India.

Prior to coming to Tirupati, I was Physician and Professor in the Sri Kaniyaka Parameswari Devasthanam Hospital, Madras, which is the first one of its kind in the Madras Presidency. Having been one of the first to take the Vidwat Diploma in the Madras Presidency, I served in the said Sri Kaniyaka Parameswari Devasthanam Hospital for about fourteen years. After Pandit D. Gopalacharlu of Madras ceased his connexion with the institution I was the Senior Physician there. Due to my efforts the institution was able to receive a contribution of Rs. 500 per annum from the Corporation. During my tenure Dr. Bryson, Yamini, Bushana Roy, Gananath Sen and other eminent physicians visited the institution and spoke highly of it.

To a great extent the medical help provided by several of the indigenous institutions is adequate. When I was in the Sri Kaniyaka Parameswari Devasthanam Hospital numerous patients 60 to 70 thousands a year flocked to it and got relief. Several cases of malaria which found no relief in the Allopathic dispensaries were successfully treated by me.

The present institution, Sri Venkateswara Ayurvedic Dispensary, though young, has become popular here. There is also an Allopathic hospital here maintained by the municipality for over 20 years. Statistics clearly show that since the opening of the Ayurvedic dispensary the number of patients in the Municipal hospital has been gradually going down whereas the number of patients resorting to the Ayurvedic dispensary has been steadily increasing.

The municipal authorities themselves have expressed the view that the cause of decline in the number of patients in the Allopathic hospital is no other than the popularity of the Ayurvedic dispensary, which by offering adequate medical relief has been, though young, growing to be very popular. All sorts of cases are treated here though surgical cases are not undertaken at present. The Dispensary is regularly open both in the morning and evening.

As a centre of medical instruction also, this institution is in the first year of its life. We have eight students on rolls who are being trained for the Ayurvedic Bhushana and Bhishagwara Examination. There is a pretty good library and no pains are spared to improve it. The classes are conducted by qualified men. Biology, Anatomy, Physics, Chemistry, Physiology and Hygeine or part of the syllabus and the necessary apparatus for some of them as well as anatomical models and charts are easily available to them. An Ayurvedic garden and museum have just been opened. The students are taken out occasionally on excursions to identify and collect medical plants.

The generosity of Sri Vicharanakarthala Varu is expected to provide us soon with in-patient and, lying-in wards, surgical departments, etc. It is hoped to make this soon an adequately efficient centre of medical instruction.

At present there is not adequate provision for medical relief and instruction all over the Presidency. With the exception of few places there are no public dispensaries in the different parts of the Presidency. Of course dispensaries are being newly established in many places and they are in charge of qualified physicians. This is due to lack of State support.

In municipal towns and big cities I would suggest the starting of an indigenous medical department parallel to that of the Allopathic system. Such a parallel system will reveal to us many points of interest and all the institutions should be in the hands of qualified physicians.

As for the small villages one or two persons may be appointed to look after the health of their inhabitants and the sanitary condition of the places. They should maintain a regular register of the cases of sickness treated by them and note their observations on the general health of the locality. They should work under the supervision and guidance of the officers in the nearest Ayurvedic dispensary or hospital. In the first instance the village physicians need not be whole-timed servants.

As for medical instruction, the present Ayurvedic College of Madras should be taken over by the Government and worked on the lines of Government Medical College. It should have affiliated to it a number of medical schools, distributed all over the Presidency, and should be financed by the Government. To begin with, there may be one school in every three districts.

The professors of the Medical Colege and such other persons as are interested in the progress of the indigenous system of medicine should form a board to superintend, guide and decide upon the conditions of the affiliation of the several medical schools.

The most important thing is that the Government and the local boards must enter heart and soul into the business. At present the few centres of medical instruction and aid owe their existence to the generosity and broad mindedness and sympathy of private individuals. The Government spend all their money on the Allopathic system which is really an indirect method of discouraging the indigenous one. At least as an experimental measure, a parallel Ayurvedic institution must be run for a period of not less than seven years in order to be convinced of the importance and usefulness of the Ayurvedic system of medicine.

Q. 4. (i) (*a*) Yes. It is necessary that the ideal medical training should have teachers of first rate ability and recognized standing in their subjects.

(*b*). Yes.

(*c*). Yes. These are all necessary for the advancement of any subject and more so for the study for the indigenous system of medicine. There is ample scope for research. There is ample field for research. The harvest is plenty, but the reapers are few. Teachers of first rate ability are essential, for it is only they that can impart to their pupils the instruction of the right sort and also create in them an ardent love and enthusiasm for the subject. As the proper field of observation and application of what is being theoretically learnt in the lecture room, hospitals are necessary accessories. Herein can the teachers and the taught verify and observe alike the action of the several drugs, the nature of various diseases, etc. Besides, museums form necessary complements to medical institutions. These should contain a collection of anatomical models and charts, a complete collection of all available drugs and also a herbarium collection of all medical plants. I would also consider as essential a garden where several medical plants and herbs are grown; such gardens, besides their value for purposes of identification, will also ensure the purity and freshness of the drugs used. It is to be always borne in mind that many of the herbs sold in the market might be adulterated.

Also for independent investigation this is very essential. There are several drugs described in our Sastras which are not now identified. So also many are the plants not correctly identified and fewer still are the plants whose physiological action has been investigated. Bio-chemistry is in its infancy and practically in no case has the knowledge of Bio-chemistry been utilized to find out the merits of the indigenous system of medicine.

(ii) This ideal has not been attained in any institution but it is attainable.

Q. 5. We on our part are willing to extend our knowledge to verify our theories, to come into closer contact with modern methods. But I do not see the possibility of a unified system of medicine in the near future. For years to come the distinction will exist. The Allopathic Doctors are not yet ready to acknowledge the good features of our system. Hence the Allopathic system has to revise some of its theories, shake off its self-conceitedness before we can have the prospect of a unified system.

Q. 6. Yes. The curriculum should include a study of modern scientific subjects as Physics, chemistry, biology, anatomy, physiology and bacteriology.

As for pathology and surgery, the basis of study should be mainly on indigenous lines. Wherever necessary this may be considerably supplemented by the study of these subjects on western lines.

The course should be as follows :—

(1). Bishagwara ... ... three years' course.

(2). Ayurveda Bhushana ... ... four do.

(3). Ayurveda Mukhopadhyaya or Siromani. This title should be conferred for meritorious and original work in the form of a thesis.

(4). For entrance into the Bishagwara class a good knowledge of vernacular and a fair knowledge of English (V form standard) is essential. For Ayurvedic Bhushana a good knowledge of Sanskrit and as much general proficiency as is possessed by a Secondary School leaving Certificate candidate may be considered necessary.

The medium of instruction should certainly be the vernacular of the district.

Q. 7. In my opinion the medical registration should be extended to the indigenous system of medicine with a view to encouraging the system. In the first instance, a committee should be appointed to select persons of standing from among the practitioners of the indigenous systems of medicine. But after a few years only those that are qualified by virtue of their diploma or degrees should be admitted into the medical register. The registered practitioners of the indigenous systems should be placed on an equal footing with those of the Allopathic system as regards privileges.

Q. 8. The cost of treatment according to the Ayurvedic system is certainly cheaper than that of the Allopathic system. I have seventeen years' experience as a physician in Ayurvedic Hospital and the statistics prove clearly the truth of my statement. The cost of treatment per patient according to the Allopathic system is 6 to 7 annas, whereas according to the Ayurvedic system the cost per patient is 10 to 12 pies. This enormous and striking difference is due to the fact that all our drugs are cheap and easily procured, whereas the drugs employed by the Allopathic Doctors have to be imported all the way from Germany or England at a considerable cost (the genuine nature of these drugs is not guaranteed), though it is admitted that India is quite resourceful as regards drugs. Further, the machinery necessary for working the Allopathic system is very costly. Speaking about the comparative cost of drugs, I may mention the instance

of Toddalia aculeata, which is in no way inferior to quinine but in certain respects even superior to quinine. Toddalia aculeata costs only two annas per lb. and is within the easy reach of every patient.

It was stated by the late Sir P. Lukis, that 99 per cent of the Indian population are dependent on the indigenous system of medicine. This alone proves the necessity of bestowing greater attention of the indigenous systems. To the villager, the Allopathic system is neither useful nor accessible. The villager cannot afford to go in for the costly patent medicine or tinctures of the Allopathic system. Undoubtedly, the Ayurvedic system is cheaper and more efficacious.

Q. 9. The causes of decay of the indigenous system of medicine are several. They are the same as have brought about the decline of the study of Sanskrit and Vernaculars. The study of Ayurveda has no place at all at the seats of learning to-day. The best intellects of the country take to law and other subjects. No one devotes himself to a real and proper study of Ayurveda. The State gives no aid whatever to the indigenous system. In days of yore we had men of genius and keen intellect devoting their lives to the investigation of the Ayurvedic Science and the State always came forward to finance such enterprises, but there is no such thing at present. The contact with the West seems to have temporarily sent the people to sleep, but the shock could not be permanent in its effect. The scientific knowledge of the Hindus is the object of admiration at present. It was a German scientist, who declared that he owned his inspiration in Chemistry to India. Doctor P. C. Ray considers that many of the metallurgical processes described by the ancient Hindus can be transferred straight away into a modern text book on Chemistry.

The decline of our system of medicine has been due to the withholding of all encouragement by the State and the necessary exclusion of the subject from the seats of learning. As for its revival, it has already begun. What is wanted at this stage is encouragement by the State so that the best intellects of the country versed in scientific lore, both ancient and modern, may be induced to devote themselves to the pursuit of the indigenous systems of medicine. Hospitals, dispensaries, etc., should be opened. The people, of course, are responsive In mufassal places where Ayurvedic dispensaries and physicians exist they are appreciated more than the Allopathic dispensaries are.

Q. 10. (*a*) I wonder why this question should be raised at all ? What is there that the State cannot do to promote the indigenous systems of medicine ? First it has to stop all positive discouragement which it has been giving hitherto. Next, it has to decide upon earnestly encouraging the indigenous systems by opening colleges, dispensaries, hospitals, etc.

In the days of Asoka, doctors from Hindustan were sent to the different parts of the world, even to distant Siberia. Even the rulers of Bagdad appointed Ayurvedic physicians at their courts. The British Government have shown no inclination to such aid.

Indigenous systems can be fostered not by the appointment of Committee or by the appointment of prejudiced Allopathic doctors possessing no knowledge of indigenous system of medicine, to investigate into their comparative merits. A person who stated plainly that he possesses no knowledge of the indigenous systems of medicine is appointed to report on their comparative merits. For finding out the comparative merits of the indigenous and Allopathic systems, people who have experience of both should be appointed. The best way for the State to foster the indigenous systems of medicine, is to run a parallel indigenous medical department at least as an experimental measure, for a period not less than seven years.

(*b*) The local boards can promote the indigenous systems of medicine by giving to them the same encouragement as is being given by these boards to the Allopathic system.

(*c*) I have already stated that one of the causes of the decline of the indigenous systems of medicine is that it is to be found no longer at the seats of learning. The university should be cosmopolitan and should include all branches of learning, ancient and modern. The university can institute degrees and displomas. It can also arrange for lectures on the indigenous systems of medicine. Certainly these lectures will be more interesting and useful than the lectures on absolutely dry Gothic. The university, as a rule, attracts the best intellects of the country. If the university should offer courses in the indigenous systems of medicine, the study of these subjects will receive a great stimulus and considerable advancement will be seen. The university can also have schools and colleges affiliated. It can offer Research scholarships.

(*d*) The private agencies are certainly doing what they can. The zamindars and other rich persons do have their own Ayurvedic physicians. But it is difficult for the private agencies to render as much aid as the State. They can only co-operate with the State in fostering the indigenons systems of medicine. They can offer scholarships, studentships, donations for medical publications, etc.

(5)

HAKIM SAIYID ABDULLA HUSSAIN SAHIB BAHADUR, HAKIM MOULVI SAIYID SHAH ABU MUHAMMAD MAHAZARULLAH SAHIB MADANI BAHADUR AND HAJI HAKIM SAIYID MAGDOOM ASHRAF SAHIB BAHADUR.

Report of the Committee convened under the direction of the President of the Eastern Medical Association of Southern India, Madras, to carefully consider and report on the several points raised in the "Questionnaire" prepared by the Committee on Indigenous Systems of Medicine, Madras.

This Committee, consisting of—

President.

Moulvi Hakim Saiyid Sahib Abdullah Hussain Sahib Razavi-ul-Khaderi.

Members.

Hakim Ghulam Mohi-ud-din Sahib Faroqi,
Haji Hakim Saiyid Magdoom Ashraf Sahib,
Moulvi Hakim Saiyid Shah Abu Muhammad Mazharullah Sahib Madani,
Moulvi Hakim Abul Qair Abdul Khader Ahmed Sahib,

met at the Unani Medical College Buildings, Triplicane, Madras, on the 30th January 1922, to consider the preliminary issues raised in the "Questionnaire" and subsequently on three different occasions to discuss matters more fully and in details. The report was eventually concluded during the Committee's sitting held on the 21st of April 1922. Owing to the month of Ramzan intervening, the drafting of the report and its eventual submission had been a bit delayed, which is regretted. Subjoined is the joint-report of this Committee on the several questions raised in the "Questionnaire" and answered *seriatim.*

Q. 1. The "Aurvedic" and the "Unani" systems of medicine are unquestionably and beyond a shadow of doubt more useful for this country than the so-called "Allopathic" or the "Western" principles of medical treatment, as they are operated on Indians by Indians through the media of Indian productions of herbs and drugs, on the efficacy of which climatic influences have not a little to partake of. As we adhere to the practice of "Unani" medicine in main, we endeavour here to confine our comments on, and venture to express our ideas mainly about, that very system alone.

Q. 2. The common cause of "disease" is attributed in the main to a breach of the laws of hygiene; and, any and all such causes are known in Eastern teachnicology as "Asbab-a-Baudia" or "External causes." To express the above definition in detail it means that all physicians of repute, whatever system of medicine they may have followed, have after a long practical experience of many years, based the whole system of medical treatment on three fundmental principles, viz.—

(1) formulating a theory about certain disease or diseases,
(2) putting that theory into actual practice, and
(3) noting the results thereby obtained.

After many years of strenuous efforts in the practice of such a procedure, they arrived at certain facts—eventually accepting the idea that the health of every living being depends more or less on the harmonious action, on the basis of moderation, of the "Six Essentials of Life" (Asbab-a-Siththah) as detailed below:—

(1) Air (Haujath-a-thurveih),
(2) Food and drink (Makool-o-mashroob),
(3) Sleep and wakefulness (Naom-o-yeghza),
(4) Motion and rest (Harakkath-o-sukoon),
(5) Retention and ejection, (Ehthibas-o-isthifraq), and
(6) Natural shades (Auraz-a-Nafsani).

According to the above thesis, the eminent ancient practitioners of the Unani Medical Science have laid down certain laws of health, based on intrinsic principles—paying of course due regard to locality, season, etc., of the ailing element.

When a man breaks these or any of these fundamental principles of the Medical Law, the result must of necessity be inevitable—either a change in the temperament of the human organs or the humours of the body themselves undergo, as a matter of necessity, a devolutional change. On account of this perverse condition of action, the organ or organs affected fall short of performing, or fail entirely to perform, the routine of its or their natural function or functions and thus render itself or themselves easily accessible to the propagation of disorders technically termed "disease." Then comes in the "disease" itself.

Asbab-a-Baudia.—In the "Asbab-a-Baudia" or the "External causes of disease" are included all those causes which, having acted on air, food, water, etc., lead to a change in the above-mentioned items; for instance, temporary changes in seasons, putrification of animal or vegetable matter, excretion of patients suffering from contagious diseases, external injuries, lightning, thunder, poisons, stings and bites of poisonous insects, and other contagious diseases.

When the organs or the humours of the body undergo any change owing to external causes, such changes are termed "Asbab-a-Badani", i.e., "Corporeal causes." These "Asbab-a-Badani" have further been divided into—

(1) "Sabab-a-Sabeq" or "predisposing cause," and
(2) "Sabab-a-Wasil" or "exciting cause."

The first or the predisposing cause is one which acts as a connective between the cause and the disease. When this cause comes in contact with a human body, the organ or the organs of that body are so far debilitated as to be readily accessible to disease. The second or the exciting cause is one which does not constitute a connective link between the cause and the disease but produces the disease itself.

Some of our physicians have included "Age," "Sex," "Temperament," and "Inheritive tendencies" among the causes leading to disease. This is termed "Internal cause."

Diagnosis.—Diseases under the Unani system of medicine are diagnosed from signs and symptoms obtainable on inquiry from the patients as well as by actual examination of the patients themselves. The routine that a Hakim follows in examining a patient from the beginning to the end is as follows :—

After ascertaining the age, occupation and the surroundings of the patient, a Hakim proceeds to hear as far as possible the complaint of the patient from the patient himself, then the duration of the complaint is enquired into, and finally he proceeds to examine the general condition of the patient, noting down any deviation from the ordinary standard of health that he may find during such examination. If the Hakim suspects the disease to be hereditary or contagious, he takes a note of the family history of the patient concerning the disease. In certain cases the previous illness of the patient is also taken into consideration. After all this is over, the Hakim begins the physical examination of the patient. If the patient under examination suffers from any gastric or intestinal trouble, his saliva, teeth, tongue, vomit, motion, etc., are generally examined. If there is any urinary trouble, the examination of the urine receives special attention. If there is any respiratory trouble, "nose", "throat", "lungs" and "sputum" are examined. Accordingly, in the diseases of the circulatory system and various other diseases the pulse is invariably consulted, which helps materially in the diagnosis of the disease. Apart from all these, great help in the diagnosis of the disease is also obtained from—

(1) the variations in the four humours of the body,
(2) the changes in the functions of the different organs,
(3) the general signs and symptoms of the disease,
(4) the special signs and symptoms of the disease,
(5) the diagnostic signs and symptoms of the disease,
(6) the local diseases and their signs and symptoms,
(7) the hereditary factors, and
(8) excessive joy or sorrow.

All the essential information concerning the alleged disease having thus been obtained, a differential diagnosis is then proceeded with and the particular disease is diagnosed by the weight of the signs and symptoms, the result of the examination of the patient favouring it.

Principles of treatment.—In general, treatment under the Unani system of medicine is divided into—

(1) "Ilaj-a-Athayana" or the "Imperical treatment," and
(2) "Ilaj-a-Muhaggighana" or the "Rational treatment."

The first or the unmethodical (Imperical) treatment is one in which a medicine is administered in a certain disease and the disease is cured, but the way in which the medicine acted is not known. In the second, or the methodical (Rational) variety of treatment, the properties of the medicine and the action thereof towards the eradication of the disease are previously known to the prescriber. It is therefore used with certainty of effect.

There are four modes of treatment, namely—

(1) treatment by medicine,
(2) treatment by food and drink and the influence of air on the patient,
(3) treatment by external applications, (Ilaj-bith-thadbir), and
(4) treatment by the use of instruments, i.e., by surgical operations.

Under certain circumstances and unless scientific research discloses the cause and effect at work in bringing the disorder to bear on a human body, it is beyond human knowledge to treat certain cases of disorders, unprescribed for by ancient physicians of repute ; and, in such cases, it is possible only to alleviate the more obvious symptoms or signs of the disease ; this treatment is termed "symptomatic," while in certain other cases "Ilaj-bith-thaqfeef" or "Palliative" treatment is resorted to.

"That the removal of the cause leads to the removal of the disease" is a general principle which a Hakim should always have in view in the treatment of his patients. No doubt, the ordinary causes will bring in either "simple derangement" (i.e., Suai mizaj-a-sazij) or "material derangement" (i.e., Suai mizaj-a-Ma'addi) of the system. In the first instance the Hakim should resort to measures which would, in his opinion, bring in a moderation (tha 'deel) of the

disordered organ or organs of the constitution. In the second, he should try to remove the cause either directly by extradition (thanqiyya) or by adopting auxiliary means wherewith to strengthen the humours of the patient's constitution. In either case, however, it is necessary to treat the disease with a medicine having the force of the " Opposite qualification " ; that is to say, a disease created by excessive warmth should be treated with medicines having a cooler effect and vice versa, and this is termed " Converse treatment " (Ilaj-biz-Ziddihi). Some diseases are exceptionally treated with " specific medicines " with little or no regard to the above general rule ; but one should not lose sight of the fact that its after-effects are likely to produce injurious or dangerous results in the system according to the properties of the ingredients used in the specific medicine administered in such cases. According to the principles of treatment, once the causes of the disease are diagnosed, the duty of the physician would be to cautiously prescribe such medicines as would, in his experience or from his personal observation, have helped to eradicate the cause of the disorder. There are thus two principles again to observe—firstly, the choice of the medicine to be administered ; and, secondly, the choice of the dose prescribed. By " Choice of medicine " is meant the selection of the drug or drugs according to the degree or stage of the disease coupled with the degree of the effective force of the drug or drugs prescribed for. By " Choice of dose " is meant the dose that should be prescribed for in different diseases having due regard to the different constitutions of the patients treated. In cases where a disease can, in his opinion, be treated by a single drug, the physician should carefully note its dose, its properties and its actions before prescribing it for a patient, and where more drugs than one are prescribed, he should note very carefully the selection of the dose of each of the various ingredients the prescription is made up of. Under this same head falls the adoption of the Basis, the Adjurant, the Corrigent and the Excipient of the prescription.

If a physician wishes to make use of any of the best tried old prescriptions, he should cautiously amend it so as to suit the temperaments of the case in which it is to be administered. These (old) prescriptions could be relied upon in a majority of cases as they have stood the test of many a century provided the physician is satisfied as to the merits and demerits thereof in conjunction with the gravity or otherwise of the ailment. The art of prescribing under the Unani system is, we are constrained to assert, based on very valuable and scientific principles, and this subject would require many more pages of useful commentation on its behalf ; but, for the purposes of the inquiry on hand, we believe what has already been explained supra is more than sufficient to convince the Committee of the veracity of our assertion.

Modes of introduction of medicine.—Mostly our medicines are administered to the patients through the mouth and these medicines comprise of various kinds, e.g.—

(*a*) Arq. (Aqua of various drugs),
(*b*) Joshanda (Decoction),
(*c*) Khaisanda (Infusion),
(*d*) Sharbath (Syrup),
(*e*) Sikanjabin (Oxymel),
(*f*) Roghan (Olium),
(*g*) Luab (Mucilage),
(*h*) Khurs (Tablets),
(*i*) Safoof (Powders),
(*j*) Hab (Pill),
(*k*) Majoon (Confection),
(*l*) Murabba (Conserve),
(*m*) Kushtha (Oxide), etc.

When the tongue or the mouth is affected, we apply medicines locally and prescribe gargles to alleviate the local condition. In the diseases of the gums or the teeth, we use various ' Sanoon ' or tooth powders. In the diseases of the throat, nose and ears, we prescribe special medicines for local application. We also use pills, specially prepared for the purpose, to be kept in the mouth and its juice swallowed in cases where the pharynx or the larynx is affected. In constipation we use enema in addition to the use of medicines. Nutrient enemata are also given by us. Local application is made of medicines in various parts of the body—even inside the bladder, uterus, urethra, rectum, vagina, etc. We administer medicines through the lungs by giving the patients medicines to smell. We introduce medicines by injunction. We treat certain cases by venisection.

General efficacy of medicines.—To afford a proof of the general efficacy of the medicines administered in the Unani system, it is necessary to have a daily record of attendance of patients, duly entering such figures in registers maintained for the purpose, of individuals treated in the various Unani dispensaries. As most of our Hakims do not follow the custom of keeping such registers, it is not possible to produce a record of the " numbers treated " with results. It may, however, with confidence be asserted that 90 per cent of the patients treated recover under the Unani system of medicine.

Indigenous drugs.—It is one of the laws of nature that wherever we find a disease, in its very neighbourhood we do find cure for the same disease ; that is to say, for the diseases prevailing in India, we need not go beyond India to procure medicines to efficiently cure the disease, for there is in India itself plenty of medicines to counteract the prevailing diseases.

Hippocrates, one of the greatest of the Unani Hakims, says: "Treat your patients with medicines produced in their (patients) land for best results." It is on this principle that we treat our patients here. Experience of centuries testifies to the truth of the saying. For the Eastern systems of medicine we have an unlimited number of useful drugs in experience efficacious, available around us. They are more reliable because they are well tried, and so the patients have more faith in them. Our treatment is cheaper and suitable to the existing pecuniary condition of the country. Medicines produced in India, apart from being beneficial in effect in the treatment of Indians, save India's money for the benefit of India itself. Our medicines are most useful in chronic diseases; as well.

Poisons.—Unani physicians do not generally use any poisonous substances. If under certain circumstances, poisonous drugs are used, their poisonous effects are to a material extent alleviated before use so that even should any mistake occur, as it usually does, in the administration of wrong medicines or wrong doses of the medicine, the resultant ill-effects of the medicines so used are practically little or none and if at all there is any, it is very slight.

General Remarks.—Even to-day 80 per cent of the patients in India are benefited by the use of the Eastern (Unani) medicines in spite of the fact that this system does not continue to be the State system of medicine. Though repeated attempts were made at different periods to root-out our system of medicine, it proved to have possessed a life too hard to admit of the possibility of being extirpated. Unani medicine is liked by almost every Indian as its effects have always been proved to be wholesome and never complained of as bad in effect. This is exactly why it has kept up its position and prestige up to date.

Q. 3. They are wholly inadequate for there are more patients than physicians to cope with them. Besides, the pecuniary circumstances of the physicians do not render them fully capable of affording wholetime service to their patients. It is very essential that free hospitals should be started. A Medical School is working at Triplicane for the last ten years under the auspices of the "Anjuman-a-Mashriqui-Athibba-a-Junubi Hind, Madras, where education is imparted free of charge in a satisfactory manner. Notwithstanding, there is yet a great need for amplification and advancement. For indigenous treatment and education, materials can easily be obtained. Being the product of our own country, medicines will be avilable at cheaper rates and Medical text-books are in abundance, but the only thing to be done now is the translation of new works.

A Unani "Dar-ush-Shifa" Free (Dispensary) has of late been established in conjunction with the Quddusiah Unani Medical College. It is working satisfactorily under the management of the "Anjuman-a-Mashriqui Athibba-a-Junubi Hind, Madras". It has two qualified physician of its own and, in addition Hakeem Haji Saiyed Magdoom Ashraf and Moulavi Saiyed Abdullah Hussain Sahib attend to the patients for an hour each daily in the mornings and examine and prescribe for patients as well in important cases. As the dispensary is of recent birth it would be premature yet to comment on the quality and the quantity of work turned out.

Q. 4. We agree with this section.

(*a*) (i) Even in the Unani Medical Schools that are working in Madras, Delhi, Lucknow, Hyderabad, etc., there is a special teacher for every particular subject and he is allowed to do his work quite independently.

(ii) Students are admitted to the prescibing room. They are taught the art of compounding and writing prescriptions. They derive benefit from the present libraries and chemical depositories.

Still there is great room for enhancement.

Q. 5. We do agree with the Resolution passed by the Calcutta University Commission but we disagree with the expression "The difference between the Indian and the Western medicine will disappear". Though the methods of medicine may differ, still, as the purpose and motive are identical, there exists not much of a difference on minor points; for the party advancing in the plane of research and investigation is bound to invent something new every now and then and his claim shall prevail.

Q. 6. We are in full agreement. In most of the present Unani schools, the modern advanced sciences are included in their curricula but much more is yet to be done to make the courses complete and to gain this object financial aid on a sound basis is wanting. For particulars, please see the curriculum of the Unani Thibbi College, Madras—vide *Appendix A.*

Q. 7. The necessity of the sort in question was felt by the "Anjuman-a-Mashriqui Athibba-a-Junubi Hind". They have accordingly established a Medical Board and have also started a Medical Register wherein desirous and capable physicians get their names registered. Regarding the extension of the Medical Registration Act, the Unani Medical Board may be consulted as to the inclusion of the Unani Medical Register in the Medical Registration Act.

Q. 8. The indigenous system of treatment involves much less expense. At the least computation, a dose of medicine can be had for a pie. Medicines being the product of our own country, they can be had at the cheapest possible rate. Every year it is observed that our country grows useful and efficacious medicinal plants and herbs. Of these some are consumed by animals, some are decayed owing to the scorching heat of the sun while others, in comparatively lesser quantities are removed by pharmaceutical experts for medicinal purposes. Should all these herbs and plants be preserved and collectively utilized for the treatment of patients, the sore of drugs thus available will unquestionably be too great to admit of any dearth in cost.

Q. 9. With the decline of the Muslim rule, Islamic sciences followed suit. Educational institutions were closed, hospitals desolated, libraries eaten away by white-ants while the few works saved fell into the hands of foreigners. How then could there be any progress? Every physician in practice deemed it sufficient to put up with the requisite yet, easily acquirable, problems of medical knowledge most suitable to his taste, the result being that important sciences like Surgery, Midwifery, Anatomy, Chemistry, Optics, etc., the laborious acquisition of a skilled knowledge of which was beyond their means to attain, were lost to us and our condition was so far dilapidated as to justify the old saying "Knowledge in books and books in the Bureau". But this does not mean that the Unani system of medicine is *imperfect*. As far as its own sphere is concerned, it is quite happily "Scientific" thanks to the preservation in certain quarters of our standard works of education and the safe custody of our scholastic text-books though not in rich profusion. If there can be any real imperfection it lies not in the system itself but in its practitioners owing to the imperfect knowledge of their own vocations. As a matter of fact, even this can in no wise be attributed to them as their fault; for, what can be expected of them when none in power was left behind to pat on their backs and help them in pushing forward their enterprises. An easy way now of leading them to perfection is to start a few medical schools and hospitals in Madras and some selected districts of the Presidency on modern lines. Then it may be possible that they will progressively cultivate their knowledge to perfection a very short time. There are many treasures yet hidden and when these are systematically dug out and brought under practice, happy results are sure to achieve. It is unhappy indeed to note that modern scientists labour under the idea of trying ancient sciences on modern principles. Although ancient medical sciences also are based on scientific principles in their own line, yet to show them as such in modern times in practice form the business of a doctor of medicine who may be well-versed in both the old and the new theories. Such persons are few and the attainment of success in this respect is therefore next to an impossibility. To achieve better ends it is necessary however that the followers of ancient sciences should be helped and allowed to carry on their researches on steady bases so that they may again be able to brush up their studies and polish up their rusty and ever-forgotten implements and prove themselves worthy of their name and their ancestoral fame. Along with this modern scientific acquisitions need also be coupled. In this way they will once again attain to perfection in their own line and possess at the same time the capacity to meet modern sciences on ancient principles. They will thus be in a position to draw a distinguishing line between the two scientific courses and decide which of them is more valuable than the other.

Q. 10. The nature and the extent of the financial aid rendered by the Local and the Imperial Governments to the Western medical education and practice should also be extended with the same scope and effect and to the same extent to the indigenous system of medicine to be administered under the Unani Medical Board as described under 7 supra.

(6)

M.R.Ry. T. R. ETHIRAJULU NAYUDU Avargal.

Q. 1. Siddha system. We solely depend on Tamil works such as Agasthyas, Theraiyar, etc.

Q. 2. (*a*) Hereditary, self-acquired, bad living, dietary variations, sudden changes in weather, etc.

(*b*) (1) According to the Tamil works on medicine a physician can say at the mere sight of a man whether he is a man suffering from bile, vayuvu (air) or Silethmum.

(2) *Pulse.*—Feeling the correct pulse requires careful training.

(3) *Examination of urine and stool.*—When one studies Nirkkuri and Neikkuri works there is no necessity for the use of urinometer.

(4) In doubtful cases the patient is kept under personal observation for some time.

Views.—Cases in which operation was found necessary by expert medical men of Western training are cured by Tamil medicines radically.

(1) The medicine produces the desired effect.

(2) Only if prepared in accordance with rules laid down for the preparation of medicines in Tamil works it produces the desired effect.

(3) The method of preparation is strict, systematic and following from Guru to disciple. So strict conformity to the rules of producing the best preparation is observed. If any medicine prepared fails to satisfy the tests employed to ascertain the accuracy of preparation then the whole lot of medicine is thrown into dust bin.

It is this aspect of Tamil physicians more than anything else, that distinguishes successful physicians of deserving merit from quacks.

We follow the preparations adopted by Gurus in Tamil works because there have been no colleges of modern type in which hundreds of students undergo training at the same time. So individual merit and scholarship has to be recognized and handed down from Guru to shishya.

(*c*) The printed copy of testimonials herein enclosed will speak well of the miraculous effects of the Tamil medicines prepared by me.

Indigenous system of treatment is the most efficacious, e.g.—

(1) Cases of diabetic carbuncle given up, in General Hospital were cured by my medicines.

One Papatti Ammal, mother of a medical student Govindaraja Pillai, and wife of Station-master, Peringipuram, Madras and Southern Mahratta Railway, was admitted in General Hospital

for operation of carbuncle in one of her hands about the month of August 1920. She underwent operations. As the operation was not successful, her hand was amputated and the wound did not heal for more than a month. She was brought to me for treatment. She is now healthy.

Another case of Carbuncle—Ravaikannu Ammal, wife of the record-keeper Mr. Govindaraja Mudaliyar, Central Station, was admitted in General Hospital for carbuncle in 1921. After operation, fingers were more swollen. The operation extended from fingers to the wrist. Doctor was for removing the fingers. She was afterwards under my treatment. The finger is still in tact. Besides, two more cases were cured by me (vide report of the speech of Mr. C. P. Ramaswami Ayyar who presided on the occasion of presentation of a Gold Medal to me—*Madras Mail*, dated 5th August 1920 and *New India*, dated 5th August 1920).

Case of appendicitis and sterility—Chronic syphilitic ulcers, etc., which challenge the best of Western doctors have been completely cured by my medicines.

Tetanus—Septic fevers, etc., treated by expert Western medical men given up as hopeless were treated successfully by me by my Ayurvedic medicine—vide pages 8, 9, 10, 12, 13, 14, 18, 19, 26, 27, 28, 49 and 50 in the certificate book herewith enclosed.

Distinguished men who could not easily recognize merit in the Tamil system, have expressed their admiration of the efficacy of my medicines, after personally satisfying themselves by the cures effected in their houses. (Diwan Bahadur V. T. Krishnama Chariyar Avargal, M.R.Ry. Chinnaswami Ayyangar Avargal, Government Pleader, Chingleput, M.R.Ry. Thanikachallam Chettiyar Avargal, M.L.C., M.R.Ry. K. U. Govinda Menon Avargal, Manager of the Associated Press, M.R.Ry. V. K. Ramanuja Chariyar Avargal, President, District Board, Tanjore, and several others.)

Sir P. Theyagaraja Chettiyar, M.L.C., M.R.Ry. Arumainatham Pillai Avargal, M.L.C., and others presided on the occasions of presenting gold medals to me for having cured cases of appendicitis.

(Appendicitis is a disease recognized as one of the 82 forms of disease on account of Vayuvu.)

I have cured cases of chronic syphilis by my medicines in spite of the opinion of the Western doctors that 606 injection is the only remedy.

Mr. Jataraya Mudaliyar, merchant (near Sowcarpet)—vide pages 47–48 of the testimonials.

These are some of the important cases.

I submit that the Nikil Bharat Sahitya Sangam of Calcutta offered the title of Ayurveda Ratna and Gold Medal. I also take leave to state that in token of regard to me for curing cases of illness declared hopeless by the Western doctors, I have been awarded by persons treated gold medals numbering 16, one gold thoda and a diamond ring.

Q. 3. (*a*) I am treating 80 per cent of cases daily free at home. I have treated thousands of labourers at my own cost for about a year in 1919 daily at the Labour Union, Perambore Barracks. A supplement of cases attended I successfully treated was published in the local dailies. I had to give up this attempt as I am not a rich man.

(*b*) I do not consider that the existing institutions are sufficient to cope with the large demands owing to complication of diseases, increase of population, increase of towns.

There are orthodox people who refuse to take Western medicine as it is mixed with water touched by the melachas. Further Tamil medicines are very cheap.

Proposals.—(1) Government must recognize that 80 per cent of the population of the country are Indians whose customs and habits are quite different from Western customs. Indian system of medicine should be encouraged as most suitable to Indians.

(2) Establishment of a Tamil Medical College.

(3) Establishment of Tamil model dispensaries at first in important centres.

(4) Government should publish a manual of Tamil medicine to serve as a standard both for the physicians and the public in English and the vernaculars—the manual to be prepared by a competent body of Tamil physicians of established reputation.

(5) This being the cheapest method can be usefully adopted and recognized by Government in every village—as at present instances are too numerous to show that in mufassal patients in extreme cases are taken to the hospital which in a very large number of cases is far distant from the villages as we have only one hospital in the midst of 100 or more villages. If the Tamil system is adopted the complaint that very large funds are required for giving greater medical relief would be removed as the Tamil system is admitted thousand times cheaper than the Western treatment.

Q. 4. (1) Certainly. The students should be under personal guidance.

(2) Yes. Students, teachers should have access to laboratories in their leisure times.

(3) Yes.

There are institutions at present, e.g., at Calcutta, but none, it seems to me, in this Presidency, except the one maintained by the late Pandit Gopalacharlu which is beneficial only to Sanskrit and Telugu knowing students. But the Tamil system is very largely based on the Tamil works of Siddhar school which are some of the choicest products of Dravidian intellect.

It is needless to state that it is this Tamil system that prevails to this day in every nook and corner of Southern India. We have got best men already in the field who do silent and solid and unostentatious work but do not care for the wordly praise.

Thousands of Tamil physicians inherit their knowledge from their forefathers. They keep up the spirit of the system and method of preparing and administering Tamil medicine. The knowledge of the works is handed down from father to son for generation together.

At present, I am of opinion that intending members practising the Tamil system of medicine may be asked to undergo training at least twice a week without prejudice to their professional duty in those branches of medical knowledge, viz., Physiology, Anatomy, Hygiene, etc. A superficial knowledge of the bare elementary principles of the constitution of the human body would supplement the practical experience they have gained in profession. This must not be understood to mean that what these sciences teach are not already found in Tamil works. In the good old Tamil works which are the authorities for the Tamil system, knowledge has to be obtained by the systematic study of a student sitting at the feet of his revered master; and much time has to be devoted in understanding and mastering the difficult stanzas by interpreting them properly. Till this stanzaic form of the Tamil works is reduced to principles and written in simple prose this system of placing the student under the personal supervision of the teacher is absolutely necessary. Anyhow the student has to undergo training in preparing medicines.

Q. 9. *The causes of decay.*—No encouragement from Government. The Tamil system of medicine flourished while the Tamil Rajas were ruling the country, and scholarship in Tamil medicine works has not been sufficiently recognized and rewarded. Numerous manuscripts there are, which have not yet been published. The fact that good scholars and good practitioners kept their deep knowledge and vast practical experience as secrets is also greatly responsible for the decay of the indigenous system.

Revival.—

(1) Model dispensaries should be started in important centres in big town.

(2) Just as there are several grades among Western medicine men, Tamil physicians should be also classified corresponding to Apothecary, L.M.S., etc.

(3) The peculiar cases treated successfully should be published in a Medical Journal.

(4) Periodical inspection of dispensaries by the Medical Board.

(5) Success in dispensaries should go to make juniors into seniors.

(6) A Government Botanical Garden of medicinal herbs should be maintained. There should be also a vacant land for preparing medicines.

(7) The register containing names of patients, diseases treated should be verified.

Q. 10. The Collector should punish those quacks who spoil case by neglect of duty. Supervisors should be appointed to supervise the work of village medical men. Government should offer titles to the deserving men in order to attract a large number of men who though fully qualified do not come forward for want of public spirit. I wish the Committee all success.

At present the University cannot undertake to do anything in the matter. When these proposals are brought into effect successfully, attempts may then be made to institute periodical examinations in Tamil medical works.

(7)

M.R.Ry. MARUTHAVA SIROMANI PANDIT C. S. MURUGESA MUDALIYAR AVARGAL AND M.R.Ry. PANDIT SHANMUGASUNDARA MUDALIYAR AVARGAL.

Q. 1. If "Siddha system" is meant, the age-long Ayurvedic system obtaining in Southern India, it is that system we propose to deal with.

But we desire the benevolent Committee to be kind enough to adopt the name "Dravida Ayurveda system" in lieu.

The reason for recommending to adopt the above name is based upon the following arguments:—

(*a*) The knowledge of preserving one's health sound and prolonging his life is called "Ayurveda".

The word "Ayu" (ஆயு) is an abbreviated form of the word "Ayul" (ஆயுள்). Ayu is interpreted to mean "Vayu"—a vital energy which is to determine one's life (வயது); Veda—knowledge.

It is very common even among the illiterate mass to question the Vaidya attending upon a patient in a precarious condition, "Sir, How is Vadham?" i.e., what is the condition of the Vadha, the vital thadhu? (தாது). If the reply were to be that the vadham is good, the questioner is at once satisfied that the patient is out of danger and his life is safe. Therefore "Vayu" is not *wind* but the life or soul force. Compare the following:—

1. "வாயுவினாலாய வுடம்பின்பயனே
ஆயுவினெல்லையது."

2. "வாயுவழக்கமறிந்து செறிந்தடங்கில்
ஆயுட்பெருக்கமுண்டாம்."—(ஔவை.)

3. " வளியினை வாங்கி வயத்திலடக்கில்
பளிங்கொத்துக்காயம் பழுக்கினும் பிஞ்சாம்
தெளியக்குருவின் திருவருள் பெற்றால்
வளியினும் வேட்டு வளியனுமாமே."—(திருமூலர் - 3000.)

The knowledge (science) of preserving one's health sound and thus prolonging life is said to have descended from Irrayanar to Ammyar, thence to Muruganar, Nandhi, Agastiar and other siddhas who are all of the Dravidian stock, to which belong the present 5 (five) divisions of people speaking the languages of Tamil, Telugu, Kanarese, Malayalam and Tuluvam. Therefore, the science is a common property of these five divisions, whatever changes the science in the original tongue of these people might have undergone since. And to call it therefore Dravidian is more appropriate than to baptise it as Siddha or Tamil or Agastia or by any other name which would rather sound harsh in the ears of the people speaking the Dravidian languages other than Tamil and would, in our opinion, be a misnomer.

Q. 2. (*a*) The theory or theories of causation of disease according to the above system are—

(i) Heredity (including cases of child-complication and diseases incurable in certain cases, whereas they are curable in several other cases called otherwise diseases of Karma, that is, due to one's own unpardonable action).

(ii) Infection (including those caused by poisonous bacteria, mosquitoes, reptiles and other insects, etc.).

(iii) Climatic influence (such as exposure to severe sun, rain, snow, air, etc.).

(iv) Extra mental or physical exposure or exertion.

(v) Non-hygienic habits or doings (such as unwholesome or contaminated food or drink and drinks of alcoholic nature).

(vi) Accidental occurrences, etc.

As our theories have stood and survived the test of several centuries without being rejected as in the case of theories of other systems, we are strongly of opinion that our theories would stand the test of modern scientific criticism except the theory of Karma which is far away from the reach of the Western science, yet it is hoped that time is not far off for that science to embrace this theory with all love and pleasure.

(*b*) Before going to the principles of diagnosis of disease, we wish to say what a disease is as per our system. It is the disturbed condition of *Thadhus*, viz., Vadha, Pitha and Kaba from their normal degree, i.e., from their normal condition of existence in a healthy man in the proportion of 4 : 2 : 1 respectively.

The principle adopted in diagnosing the disturbed Dhadhu individually or in combination with one or two of the remaining Dhadhus is the application of the science of pulsation. To make sure of the diagnosis of the (Dhosha) faults of the Dhadhu, the followinq additional tests are adopted of—

(2) body as a whole and face especially,
(3) voice,
(4) tongue,
(5) eye,
(6) excreta,
(7) urine,
(8) touch,

Further tests are also employed on the principles enumerated in—

Naikuri நெய்க்குறி } (Symptoms exhibited by gingelly oil dropped over the surface of urine of a patient.)

Naicheelai நெய்ச்சீலை or Neercheelai நீர்ச்சீலை } Nadi (நாடி)

Manickkadai Nadi. மணிக்கடை நாடி }

Methods of Diagnosis are—

By making out clearly, through the help of the science of pulsation, the particular Dhosha or Dhoshas (faults) due to the disturbed Dhadhu or Dhathus as above referred to. In doing so, the hour of the day, the day of the week, the month of a year, the forward, backward or side movements of the Dhadhu or Dhadhus and the various degrees of *beats*, too elaborate to mention here, are to be taken into consideration and in calculation of the disease. If it is desired to know something of this science in detail, we beg to request you to refer to the works like the following :—

Science of pulsation by Theraiyar, Aghastiar, Machaimuni, Suthamuni, தேரையர், அகஸ்தியர், மச்சமுனி, சுதமுனி, etc., etc.

If doubt arises as to the correctness of the Dosha or Doshas so arrived at, the next methods adopted are by looking to the skin of the body as to its colour, especially of the face and by the degree of voice and colour of the eyes, tongue, excreta and urine, and by temparature of the body by touch.

By finding out the external symptoms exhibited by the patient and tracing them to the disease to which they pertain.

By questioning the patient as to his general disposition and feelings.

By noting down whether the disease is curable, incurable or curable early or at a longer period or partly.

N.B.—The science of pulsation, if its application is well understood, helps to find out not only the causation of a particular disease which a patient is suffering from at the time of examination, but also helps to foresee what other disease or diseases which he is likely to be subjected to sooner or later.

The principles of treatment adopted are—

(1) Moni (மணி), (2) Manthra (மந்திரம்) and (3) Aushada (ஔஷதம்).

(1) *Moni* is described as solid beads of mercury so prepared as to be fit to cure diseases when applied to the body in a certain prescribed manner. They are said to be of seven classes.

(2) *Manthra* includes—

(i) chanting of sacred words,

(ii) applying of charms prepared out of vegetables, minerals, etc.,

(iii) using Yogis' powers which may be compared with clairvoyance, mesmerization and hypnotism.

N.B.—These above two principles of treatment remain in the hands of specialists and, though they may be explored from the existing works, yet success could not be achieved unless help from those specialists are forthcoming to understand the technical terms employed in the works.

(3) *Aushadha* is of three kinds, viz.—

(*a*) Oppurai (ஒப்புறை)—A cure employed by those drugs which excite the symptoms similar to those of the disease.

(*b*) Etherurai (எதிருறை)—A cure by those drugs which act against and suppress the symptoms of a disease.

N.B.—These two systems of cure may be fairly compared with those of Homeopathic and Allopathic systems of cure.

(*c*) Kalappurai (கலப்புறை)—A cure by adopting the combination of the above two methods judiciously and strengthening the action of the drug by an additional drug or drugs of similar actions whenever required.

The above three main divisions comprise in chief the following description of drugs:—

Salt	25	Arsenics, artificial	32
Uparasas	120	Metals (excluding alloys) ...	5
Arsenics, natural	32	Plants (including the chief 64)...	1,008

With the help of the above drugs, medicines of the above category are prepared in various forms as under:—

In case of diseases of operative nature, besides internal medicines, the following methods are also adopted:—

(1) அட்டை.
(2) கீறல்.
(3) குடோரி.
(4) கொம்பு.
(5) சத்திரம்.
(6) சூடு.
(7) மூறிச்சல்.
(8) வர்த்தி.
(9) வேது.
etc., etc.

These preparations are again divided into three classes—

Makkalurai (மக்களுறை or மானிடசிகிச்சை), comprising those of plants, etc.

Devurai (தேவுறை or தேவசிகிச்சை), comprising those of metals, etc.

Sururai (சூருறை or ராக்ஷச சிகிச்சை), comprising those used on cases of operative diseases.

Compare with—

"பொருடரு மெவ்வகை நோய் போமிதனல்
தந்திர மாமணியவுடத வகைசேர்
மந்திர மிறைநூல் மறை யரைகுதுமே
கண்டிதமாகிய சவலவல மூவித
பண்டித மௌடத வகையினை யுணர்வாம்."—(அகத் - கரிசில்.)

"மருந்தினிமை வகுக்கிலொப்புறை
இருக்கின் மாறுய் மருந்திங்கெதிருறை
மருட்டு மொன்றிரு குணங்கள் கலப்பால்
சிறத்தல் கலப்பெனச் செப்பினர் நந்தி."—(திருமூலர் - 8000.)

N.B.—In certain systems it is said that certain diseases are curable only after resorting to the Pancha-karma treatment, but in the Sidha system these diseases can, without the aid of Pancha-karma, be treated with the help of medicines of metallic preparation (Devurai), viz., Basmam Chinduram, Churnam, etc. These forms of medicines of agreeable taste are found to effect a speedy cure in a shorter period possible. Doses, too, are too small.

Methods of treatment—Before proceeding to treat a patient, the following points are observed, viz. :—

(1) The study of—
- (i) General structure of constitution.
- (ii) General health, especially of the digestive system.
- (iii) Habits.
- (iv) Mode of living with special reference to food and drink.
- (v) Duration of suffering.
- (vi) Climate and season.
- (vii) Idiosyncracy (of the patient).

(2) When this is done, the next procedure is the administration of any one or two of the medicines of the above descriptions internally in such a dose and vehicle as would effect a speedy recovery and application of such drug externally as may be found necessary to bring down the disturbed Dhadhus to their normal proportionate condition.

(3) Allowing only such food, drink, clothing and dwelling as would further help or hasten the recovery.

(4) Douching either to the body as a whole or a part thereof with medicated oils, decoctions, cold or hot water, etc., and massaging the whole or part of the body with medicated oils or thylams.

(5) On recovery and while convalescent, using such medicines and putting on such diet as would tone the impaired Dhadhu or Dhathus, the essential parts of the human body, viz. :—.

(1) Rasa—the lymph
(2) Raktha—the blood
(3) Mamsa—the flesh
(4) Metha—the viscous fluid
(5) Mascha—the brain or marrow
(6) Asti—the bones
(7) Sukla—the semen.

With regard to the general efficiency of our system it is needless to say anything about it, for it is a well-known fact that, in spite of a very heavy expenditure incurred by the Government in the Medical Department, it is not able to extend its help to more than, say, 10 per cent of the population. Then what would be the fate of the remaining 90 per cent? Is not the indigenous system that steps in to help them? The resort of the major portion of the population to the indigenous systems of treatment is in itself a proof positive to show as to their nature of general efficiency.

(*c*) Yes. For instance, Piles, Fistula, Polypus, Cataract, Calculus, Gravel, Carbuncles and similar such diseases which are cured mostly by operation are treated and cured effectively with medicines alone (both internal and external as required).

Acute fevers of all sorts, enlargements of spleen and liver, chyluria, diarrhœa of virulent nature, specially of cholera, etc., paralysis and other akin diseases of the nervous system, volvular diseases of the heart, leucodarma, leprosy, diabetes, consumption, acute rheumatism, sterility, plague, etc., come out with greater success of cure under the indigenous D.A. system than under other systems.

As records are not maintained of cases cured, a few of the certificates are herewith sent.

Q 3. (*a*) The sangham, on whose behalf this is submitted though it does not own an institution either providing medical relief or medical education, yet it has most of its members connected with institutions of their own for medical relief and some providing medical education and training only to a few students seeking their help.

(*b*) 1 and 2.—The existing institutions, such as Lee Chengalvaroya Naicker's Dispensary, Sri Kanniga Parameswari Dispensary and Kalavala Kannan Chetty's Dispensary provide medical relief. As far as the funds at their command is concerned, they are doing good work. If more is expected of them, it is possible and practicable if some contribution is forthcoming from the State.

The above institutions are no doubt suitable for medical education and more so the Ayurvedic College at Triplicane, but all these institutions do require financial help to carry on the educational work on a satisfactory and elaborate basis.

N.B.—None of these institutions give medical relief or education on the line of the Siddha (Dravida Ayurveda) system.

(*c*) No provision appears to have been made at all for medical relief or education or for both on the line of Siddha (Dravida Ayurveda) system.

Q. 4. (*a*) 1, 2 and 3.—Yes, as far as we are informed, the ideal is attainable in the near future in the institutions like those at Mysore, Travancore, Calcutta and Delhi and regret to find that none of these are worked after the Siddha system. It is highly desirable that this presidency takes immediate steps to organize an institution on the lines of Siddha (Dravida Ayurvedic) system.

(*b*) We do not consider the ideal too high for the present and it is attainable in the near future if Government only renders a liberal help to fructify the suggestions given to Q. 10. If the financial pressure of the Government stands in the way, the starting of a college in the capital city of the Government, on a smaller scale, with the necessary equipment would be the ideal to be ultimately achieved for the present.

Q. 5. Even though there is an obvious and a promising desire among the adherents of the indigenous systems for closer touch with modern scientific methods which is highly commendable, we do not agree with the view that the distinction between the Indian and Western 'systems' of medicine would disappear. It is for time to judge. But we hold the view that assimilation is possible and practicable on either side for their further growth and development, to preserve which there must be an unbiased spirit of mutual confidence and practical co-operation on either side.

Q. 6. (a) Yes, in all branches (as per enclosed study of course).

(b) A course of $4\frac{1}{2}$ years is suggested.

A knowledge of the local vernacular, i.e., to read and write correctly and to be capable of making out clearly the meaning of books written in a less difficult poetical style.

Of having completed his 18th year.

Of good physique and character.

(c) Through the local vernaculars as far as practicable.

First year's course.

1. Anatomy.	4. Biology.	7. Pulsation and Ashtathanam. } General.
2. Chemistry.	5. Botany.	
3. Physics.	6. Dissection.	

Second year's course.

1. Anatomy.	4. Pulsation, etc.	7. Materia Medica.
2. Chemistry.	5. Physiology.	8. Pharmacy.
3. Dissections.	6. Curing of drugs.	

Third year's course.

1. Materia Medica.	4. Minor surgery.	6. Pharmacy.
2. Hygiene.	5. Pathology, General and Practical.	7. Pulsation, etc.
3. Bacteriology.		8. Medical jurisprudence.

Fourth year's course.

1. Medicine.	4. Pathology (including mental diseases).	7. Ophthalmology.
2. Treatment.	5. Surgery (operation).	8. Diseases special to women and children.
3. Pharmacy.	6. Midwifery.	

Fifth year's course.

Practical treatment and surgery for a period of six months in a hospital or under a trained medical practitioner.

If the candidates undergoing examinations in the above subjects secure not less than—

(a) Thirty per cent in each subject and 35 per cent of the aggregate number of marks, they are to be classified as Bachelors of the Science of Dravida Ayurveda [B.Sc. (D.A.)].

(b) Thirty-five per cent in each subject and 40 per cent of the aggregate number of marks they are to be classified as Master of the Science of D. Ayurveda [M. Sc. (D. A.)].

(c) Those students who fail to obtain either of the above degrees but secure fair knowledge in subjects of general nature and exhibit sound knowledge in a special technical subject, may be granted a diploma or a certificate allowing them to practise in that special branch, such as diseases of women, etc., or ophthalmology, and so on, and they may be styled as L.M.P. (Ophth), L.M.P. (Diseases of Women and Children), and so on.

Q. 7. With regard to the question of extending medical registration to the indigenous system of medicine, we are of opinion that its extension is necessary and desirable but not at the present stage. This question should lie over till the Government brings in institutions with powers to grant degree, diploma or certificate to any person declaring him qualified to practise medicine or surgery, etc., under the indigenous system and also grants privileges which the practitioners of the allopathic system now enjoy under the Act.

It will not be out of place here if we point out that the Madras Act IV of 1914 came into existence only after a very very long period of introduction of the allopathic system in India and that after giving the system every facility for its full growth and development in the way of establishing colleges, hospitals, dispensaries, asylums, etc. If similar facilities had been granted to the indigenous system as well, it would now be time to extend the scope of the Act to it. In the absence of any such facilities, or at least encouragement, we are driven to the conclusion that it is rather premature to think of the Act at this stage.

Q. 8. In our opinion, when the cost of treatment according to allopathic and indigenous systems is compared, the cost in the latter system is undoubtedly cheaper than that in the former. The reason is simple. The indigenous system, in almost in all its preparation of medicines, depends mostly upon the produce of the land of its own birth, obtainable at a nominal cost (in cases moslly of plants), whereas the allopathic, in almost in all its preparation, depends upon foreign countries both for raw materials and for sale.

Q. 9. In our opinion, the causes of decay are many, of which we wish to give only a few, viz.—

(*a*) The first and foremost cause is the failure of the Government in not encouraging and supporting the cause of the indigenous system.

(*b*) Its step-motherly affection while fostering the allopathic systems to neglect the systems of the land (of their birth).

(*c*) The waste of an enormous amount of money of the people only on a system foreign to them and only be useful to a small number of the population, say about 10 per cent.

(*d*) The advent of foreign civilization and language and their adoption by the people of the country and the neglect of civilization of their land and tongue.

The stimulation of the adopted civilization began to look upon all that is native with hatred and abhorrence and that of education, though began to help otherwise, yet stood a serious detriment to the advancement of the languages of the country, thus rendering the love of study of the science of the land and the enjoyment of its fruits a thing of the dead past.

(*e*) The failure of men of high-rate ability and of recognized standing to persuade students to their side of study inasmuch as the students have discovered that the time and energy spent in things oriental are not paying and that there is no scope for leading a comfortable living.

Our suggestions for revival are those given against Q. No. 10.

Q. 10. The indigenous systems of medicine can be fostered if the State should undertake to support the growth and development of the indigenous system as kings of olden days have done, namely, in the following respects :—

(*a*) Collecting all the works of old and preserving them in a certain central place, preferably in the capital city of the presidency, and doing research work.

(*b*) Rewriting them in the light of the modern science.

(*c*) Translating them in the chief vernaculars of the presidency.

(*d*) Printing them gradually but hastening the printing of such works as are of immediate benefit.

(*e*) Reprinting those works freed from the various errors to which they are prone to.

(*f*) Translating useful works in the foreign languages into the vernaculars of the country.

(*g*) Establishing colleges and schools in important centres with necessary equipments.

(*h*) Establishing at least a laboratory in the capital town wherein there may be a free scope to prepare medicines of all nature, especially of higher order.

(*i*) Establishing dispensaries in every group of villages for treating the patients.

(*j*) Establishing hospitals and asylums in important centres of districts.

(*k*) Creating a garden wherein to grow plants, etc., both of ordinary and extraordinary nature, for educational purposes at least.

(*l*) Forming a museum wherein preserving all drugs such as metals, salts, uparasa, arsenic and dried plants with names in various languages.

Local Boards.

Local boards.—Helping the Government in the above points as far as their funds could permit, in accordance with the need of the locality under their jurisdiction.

University.

(*a*) Affiliating to it the colleges and schools established within the area of its control.

(*b*) Helping in printing work or prescribing works in existence in a manner suitable to the study of students of the schools and colleges.

(*c*) Carrying out examinations once or twice a year and granting certificates and degrees to successful candidates.

(*d*) Helping the advancement of the system as it is doing now to the Allopathic system.

(*e*) Instituting a research scholarship tenable for four years to a scholar well versed in the Dravida Ayurvedic system (Siddha) and delivering course of lectures under its auspices of the University which in the end to be printed in book form.

Private Agencies.

Making better use of such encouraging help as may be forthcoming from them.

(8)

M.R.Ry. PANDIT S. S. ANANDAM PILLAI Avargal.

Q. 1. I practise Tamil science on medicines—Siddah's systems.

Q. 2. (*a*) Causes of diseases—(1) inheritance, (2) excess or deficiency of food, its taste, its effects on the constitution, (3) excess or deficiency of sexual intercourse, (4) working so as to affect mind and body, (5) abnormal duration of any of the seasons of the year, (6) worms and insects on land and in water, (7) suppression of the fourteen natural discharges of the human body, (8) foul air and impure water, (9) anxiety and excessive fear, (10) association with person affected by contagious diseases and (11) affection of the pulses owing to want of sufficient sleep and rest, causing three doshams, etc.

(b) The nature of the disease is diagnosed by means of 'ten tests', e.g., pulses, secretion, excretion, tongue, eye, temperature of the body, colour of the body, voice, saliva and semen. Then the cause and different stages of the disease are diagnosed. Then diseases are cured by internal and external application of medicines with or without diet. Our forefathers adopted the Siddha's system and cured a number of diseases, such as fevers, titanus, dyspepsia, venereal diseases, paralysis, etc. The same system is being adopted by me and I have also cured a number of diseases. But I have not kept any account of the patients cured by me. I have, however, testimonials from some of them and some of the patients are still alive.

(c) Fever, delirium, hemicrania, rheumatism, dyspepsia, paralysis, elephantiasis, diabetes, leprosy, jaundice, dropsy, which found no cure in the Allopathic dispensaries, have been cured by the Siddha's system. If necessary, testimonials will be furnished from the patients cured of these diseases.

Q. 3. (a) Yes. I have been a member of the South Indian Ayurvedic Sangam.

(b) (1) I know of two dispensaries conducted on the Tamil system—one at Washermanpet and the other in the Mint Street. The patients there are well attended to.

(2) No instruction in medicine is imparted to any one in the dispensaries.

(3) Funds being inadequate, these dispensaries are conducted on small scale, but it may, however, be observed that they are progressing. If ample funds are secured from the generous public and Government, they will work satisfactorily.

(c) No. If institutions to educate men in medicine are formed and text-books comprising the essence of the several treatises on medicine are compiled, this indigenous system will then alone work very efficiently.

Q. 4. (a) 1, 2 and 3.—Yes. It cannot be said definitely that there is any dispensary conducted on the Siddha's system where the ideal is attainable. But if such an institution containing dispensary, laboratory, library and museum and a garden of good herbs is established in Madras where there are several facilities, the ideal can be attained in the near future if the State helps.

(b) The ideal is not too high to achieve.

Q. 5. I agree. By a thorough study, research and investigation of the Indian system and by comparing results with the Western system, it may be possible to verify the system. But it may take some time. It will be necessary if to work to that end, to translate in different vernacular treatises dealing on the preparation of specific medicines, such as chenduram, buspam, etc.

Q. 6. Yes. The course of studies should be drawn up by experts of both the systems.

(a) That there should be grades as in the English system according to the efficiency of the candidates learning the Siddha system.

(b) In Tamil the student should possess a sound knowledge of its literature. It will do well to have a knowledge of English as well.

(c) The medium of instruction should be Tamil and the course of instruction should amount to three or four years. Successful candidates should be awarded with titles such as Maruthuva Pulavan, Maruthuvamani, Maruthuva Siromoney, etc.

Q. 7. Though the native doctors in towns and villages are of different merit, yet they successfully treat the patients. Their names should be registered as in the case of English doctors.

(a) Yes. The board should consist of equal number of representatives of Ayurvedic, Siddha and Unani doctors.

Q. 8. The treatment according to Siddha's system will not cost as much as that according to the Allopathic system. Tamil medicines do not cost much. Patients are cured by the Tamil medicines in a shorter period than that by the English medicines. The disease does not recur and the patients do not suffer any relapse of the disease. The fees to native doctors and the diet to the patients do cost only a little. In the Siddha system of treatment no nurse is necessary and the female members of the patient can conveniently attend to the wants of the patient and look after him. The native drugs 'lingam, veeram, puram, rayachenduram, etc.,' were cheaply available before, as they were prepared in Tamil towns and villages, namely, Kumbakonam, Pondicherry, Cochin, etc. At present these medicines are not encouraged, and so they have become rarely available. If the old system is revived these Tamil medicines will become very cheap.

Q. 9. The Tamil medicines are not dead. In most of the villages, thousands of them are in daily use and there are numberless doctors in these villages. Allopathic doctors and dispensaries are not in sufficient numbers in villages—a matter well-known to all. It cannot be denied that thousands of patients in towns and villages are now being treated by native doctors. Not only in the Madras Presidency but also in Ceylon, Burma, Straits Settlements, East Indies, Madagascar, etc., the Siddha system of treatment is even now very popular. Not being sufficiently encouraged by the rich and influential gentlemen and by the Government, the system is declining day by day. This also leads to the scarcity of expert practitioners of the Siddha system.

Q. 10. (a) to (d). Sufficient funds should be collected to establish 'A Tamil Medical Research' consisting of men sound in Tamil literature and expert in the Siddha system. Tamil treatises on medicines not now in print but only in palmyra leaves should be collected and printed and formed into a library. A laboratory stored with all Tamil medicines should also be formed. Tamil medical men should learn how to prepare the medicines in the laboratory. Students that

come out successful from this Medical College should be provided with work in the hospitals in charge of the unions, taluk boards and municipalities. Government, district municipalities, local board and Senate should help the college with necessary funds.

(9)

HAKIM A. Z. MUHAMMAD LATEEF-UD-DIN SAHIB BAHADUR.

Q. 1. I propose to deal with the Unani system of medicine.

Q. 2. (*a*) *and* (*b*). The Unani system is fundamentally based upon the four controlling agents or humours known as *Khoon*, *Balgam*, *Safra* and *Savooda*. Any derangement of the above controlling or functional agents brings about an unnatural state of the body which is otherwise known as disease. The cause of the derangement is three-fold, namely, *Badi*, *Siyakh* and *Vasil*, which include external influences and internal causes constituting both concrete and abstract (vide Khanoona-Ilaj Unani). The diagnosis of the cause for the disease is made in three ways, namely, *Kharoora*, *Shanasi*, *Nabs Shanasi*, *Khiyapa Shanasi*, i.e., (1) by examining the urine of the patient, (2) by feeling the pulse, (3) by the external appearance of the patient (1) Urine is examined by the appearance of its colour which is influenced in accordance with the abnormal state of the controlling agents affecting the internal organs. Thus the physiological action of the internal organs, such as brain, heart, liver, lungs, spleen, kidneys, etc., is detected and proper remedies prescribed. In certain cases the urine is also boiled for diagnosis (vide Risa-e-Kharoora-Shanasi). (2) The action of the pulse or the beat of the artery which depends upon the dialation of the heart, the most important organ of the human system, is defined in a variety of ways for the purpose of an easy understanding with regard to its functions both normal and abnormal due to the derangement of the controlling agents or humours (vide Risala-e-Nabs-Shanasi-Unani). (3) The external appearance of the face, eyes, tongue, lips, etc., which undergoes a radical change owing to the abnormal function of the internal organs due to the derangement of the controlling agents, suggests the state of his internal organs and the consequent disease to which the patient is subjected. The properties of all the medicines are derived from their elementary or cardinal qualities—the hot, the cold, the moist and dry. If a disease is classed hot or cold, sthenic or asthenic, a medicine with the opposite virtue is prescribed. In certain special and rare cases a medicine with a like virtue is prescribed) 'Elajush Shai Ba Ziddihi Hifzu Shai Ba Mislahi'). Just as there are four cardinal qualities of drugs so there are four stages in a disease. The prescribed medicine should tally with the stage of the disease. In prescribing medicine, the greatest care is taken to see that it is mathematically correct according to the inherent qualities of drugs which go to form the medicine (vide the method of prescribing Khanoon-e-Ilaj-Unani). These theories which were propounded some thousands of years ago have to this day withstood the test of time and have ensured universal approbation. The Western science has not, I think, discovered its truth owing to the prejudice and ignorance of its scientists. This system which is in vogue in India from a very long time is cheap, popular and suited to the climate, the dietic nature and the environments of the people.

(*c*) Yes. Because in several cases where English doctors have given up cases as hopeless the treatment under this system has resulted in undoubted and ultimate benefit to the patients, particularly in venereal and other functional diseases.

Q. 3. (1) (*a*) I have my own institution where medicines are prepared according to Unani standards and where the poor are treated free.

(*b*) No. The medical relief afforded by the existing institutions is very inadequate since no support is extended by the Government or by the local boards and the municipalities both for equipment and the provision of free education on these lines. To make the medical relief more adequate in consideration of the present deficiency, the following scheme may be adopted: (1) All major unions, municipalities, taluk headquarters and groups of villages combined together should be provided with a free dispensary on indigenous lines. (2) In each district headquarters there should be a hospital on indigenous lines admitting in-patients to which may be attached a school providing medical training on indigenous lines. (3) There should be a central General Hospital in the Presidency headquarters with a college attached to it providing medical education on indigenous lines with necessary equipment for laboratory work, research work and scientific demonstration on up-to-date lines according to the indigenous systems.

(2) They are not designed to serve as centres of education but with better equipment and financial support they could be made useful as centres of medical education.

(*c*) So far as the mufassal is concerned I am afraid there is no organized provision for proper medical education. At present the doctors have always some students under their instruction, but the courses are not definite and the period prescribed. This could be solved by the institution of a central medical school of education whose curricula of studies should be decided on by a committee of experts of this system who can draw up a programme for such education This could not be done without the conjoint efforts of the Government and the local boards and the co-operation of the public.

Q. 4. (*a*) (1) Yes. (2) Yes. (3) Yes. (4) This ideal is attained at present in institutions like the Tibi College at Delhi. This ideal is attainable in the near future if the institutions of indigenous systems in Madras are extended in their scope and usefulness.

(b) The ideal could be attained by the opening of a medical school in each district for giving medicines and by training students side by side.

Q. 5. I do not agree with the view of the Calcutta University since it is a dual between the cultural attainments of the two unequal systems. The so-called obvious and promising desire of the indigenous physicians is not to import the principles or the theories of the Western system into their own but to get acquainted with the practice of the art of surgery.

Q. 6. The proposed central school of medical education in each district should include a study in the vernacular of modern scientific methods.

(a, b, c) As I have already suggested above the committee drawing up the curriculum of study could decide upon this matter.

Q. 7. There must be a system of medical registration by a board of indigenous systems of medicine.

(a) The registration board should consist of eminent Unani doctors elected by the indigenous practitioners and associations in the Presidency and who could command confidence not only among the members of the profession but wield influence among the public also.

(b) The answer to this question becomes automatically negative in view of my answer to the above.

Q. 8. The cost of the indigenous systems of medicines is very cheap as compared with Allopathic system of medicines. Further, most of the drugs used are well known to the people who have confidence in their therapentic value and are easily obtainable as compared with English Pharmacopœia. A number of drugs used in India are imported into England where they are converted into various tinctures, mixtures and compounds and retransmitted into this country. In my opinion the indigenous system of medicine has languished for want of support and encouragement. Further the system in season and out of season has been decried by Allopathic practitioners so that people who for generations had loved and adopted the Unani system been made to lose confidence in the efficacy of the treatment which was fostered and universally adopted during the days of the illustrious earlier Kings who ruled over this country. Even to-day there are certain families who are descendants of royal physicians who have handed down from generation to generation the most important specific according to these systems. I would suggest that a central school be at once formed and a committee of Unani doctors be appointed to frame a scheme of studies co-ordinating the indigenous systems.

Q. 9. (a) The State can form the central school of education at Madras, form the committee proposed, co-opt English practitioners also and put the scheme on firm basis.

(b) The local boards and municipalities may be made responsible for the proper conduct and work of the branch hospital to which should be attached a small training section to undertake maintenance of hospitals which should be augmented in taluks and unions.

(c) The Universities should provide degrees for examinations.

(d) Private agencies may be called upon from time to time to render assistance in any manner required.

(10)

M.R.Ry. PANDIT NARAYANA AYYANGAR Avargal.

Q. 1. The view has sometimes been expressed in responsible quarters and the notion is even now current that Ayurveda is no 'science' and that the method of treatment pursued by those acquainted with Ayurveda belongs to no 'system'. A close examination of the ancient works of Ayurveda, such as 'Charaka, Susruta, Ashtangahridaya, Ashtangasangiraha, Rasaratna Samuchaya, Rasaratnakara, Rasahridaya, Rasaprakasa Sudakara, etc., reveals unmistakably that medicine had been developed into a perfect science by our ancients. Instances could be mentioned of topics on which we could give points to Allopathic practitioners steeped in the progressive notions of modern science. For instance, these treatises mention about 107 vital spots in the body of man, and the physician is enjoined to be specially careful in the handling of any ailment affecting those particular places. Modern methods of surgery apparently make no note of this caution.

Again the high efficacy of metals and minerals like iron, mercury, etc., is realized even in the Allopathic system, and yet Allopathic practitioners have not been quite able to employ mercury and iron without producing the deleterious effects which they would produce if they are not properly purified. Whereas the Ayurvedic physician is an expert in so purifying these substances that they produce only their good effects without any of their evils. In fact, this aspect of the Ayurvedic system has been felt by some eminent Allopathic practitioners and they have been forced to concede that Ayurveda has, imbedded in it, some stray recipes which are effective in isolated cases. I must repeat that observations like the above are the result of ignorance or prejudice. I say this not on account of any misplaced predilections or mistaken patriotism but out of a deep conviction formed by a minute and careful study of Ayurveda and an experience of over twenty years as a physician practising the Ayurvedic system and fairly acquainted with modern Allopathic methods and as one who has come in frequent and friendly contact with medical practitioners of high ability and reputation and belonging to both systems. I may conclude by saying that I am ready and willing at all times, nay, even anxious to answer all

questions that may be put in respect of any of the matters covered by the Government's reference to the Committee. I shall endeavour to substantiate all my views in the light of modern reason and logic.

I may answer the questions by saying that I propose to deal with the Ayurveda system. But I may mention in passing that the classification in the question in the Ayurveda, Unani or Siddha is not quite correct; strictly speaking, both Ayurveda and Siddha are comprised in what may conveniently be described as the Sanskrit system of medicine dealt with in the ancient Sanskrit books. Those books refer to the system of treatment by herbs and drugs as Ayurveda and that by metals and minerals as Siddha; but it is perhaps not necessary to pursue this matter further here. Apparently the question has reference to the three schools of treatment followed respectively by those versed in the Sanskrit works, by Mussalmans and by those trained in Tamilian methods. And I, therefore, answer the question by saying that I propose to deal with the Ayurveda system.

Q. 2 (*a*) According to the theory of Ayurveda, abberations of weather and change of seasons, food and generally the objects with which the senses are fed and the excess or deficiency of exertion in mind, body and speech are the general causes of diseases. Particular causes are mentioned for particular diseases but they would of course come within some or other of the above three general headings. I think all the progress of modern science has tended also towards the same conclusion as to causation of diseases. If necessary, I am prepared to substantiate this in detail.

(*b*) The methods of diagnosis followed in the Ayurveda system may be stated to be eight in number, viz. (I will first mention their Sanskrit names and then explain their meaning)—

By reference to (1) (Nidanam).	By reference to (5) (Samprapthi).
(2) (Purvarupam).	(6) (Darsanam).
(3) (Lakshanam).	(7) (Sparsanam).
(4) (Upasayam).	(8) (Prasnam).

(1) *Nidanam.*—What took place prior to the contracting of the disease.
(2) *Purvarupam.*—Prior symptoms.
(3) *Lakshanam.*—The first manifestation of those symptoms.
(4) *Upasayam.*—Empiricism.
(5) *Sampraptht.*—Actual forms which disease assumes.
(6) *Darsanam.*—Sight.
(7) *Sparsanam.*—Touching that is, feeling the pulse, etc.
(8) *Prasnam.*—Questioning the patient.

With a view to make myself better understood I shall illustrate the above by reference to a particular disease. Take, for instance, the most common disease, viz., fever.

How to find out whether a particular case is a case of fever by applying these methods—

First by *Nidanam.*—The Sanskrit books have mentioned certain pre-disposing factors (as tending to bring about fever) such as eating in excess bitter, pungent and sour foods, gross under-feeding, untimely meals, suppressing stools or urine, making efforts to pass stools when there is no actual call, waking up at nights, crying hoarse, excessive labour, sudden fear or sorrow or care, reckless sexual intercourse, exposure to the sun, etc. (vide Ashtangahridayam, chapters 1 and 2 of Nidana).

Therefore the ancient Sanskrit writers enjoined the followers of their system first to ascertain from the patient about what took place prior to his contracting the disease. From this they are able to guess the nature of the disease.

Secondly *Purvarupam.*—Here again the text-books have mentioned certain symptoms as preceding the actual attack of fever, e.g., laziness, lack of taste in anything, certain heaviness of the body, a shiny sensation in the mouth, dislike to food, yawning, eyes getting chocked with water, indigestion, weakness, tendency to sleep, convulsions, giddiness, etc. (vide Charaka Nidana, chapter 1, and Chikitsa, chapter 1; Ashtangahridayam Nidana and Chikitsa, chapter 1).

Therefore the Ayurvedic physician here asks about prior symptoms.

Thirdly *Lakshanam.*—Again the authors of Ayurveda have said also how these prior symptoms first manifest themselves, e.g., in the case of fever, difference in temperature in different parts of the body, stiffness of the limbs, pain in the joints, headache, etc. (vide).

This is therefore the one step by which we are able to diagnose any particular ailment, i.e., by ascertaining what were the first visible outward manifestations.

Fourthly *Upasayam*, i.e., having diagnosed by the above processes that a particular case is one of fever, it has next to be found out to what particular variety of fever this belongs, i.e., whether it is malaria or typhoid, or influenza, etc. The Sanskrit authors have mentioned 63 broad varieties of fever and mentioned also the particular characteristics of each and the particular methods of treatment for each. Therefore with a view to ascertain the particular variety the physician is required to try one or two remedies as a sort of feeler, and if a remedy that is presented for one variety of fever is found effective he concludes that his case is of that variety.

Fifthly *Sampraptthi.*—The actual form of the disease, i.e., high temperature. This probably needs no elaboration.

Then by sight of the patient.

The books mention that a patient suffering from fever often looks or talks excited or shivers, etc.

From this also disease could be inferred.

Next by touching the patient.

This includes feeling the pulse, applying the ear to the heart, etc. The books have described the condition of the pulse and the beatings of the heart both in the normal condition and when there is fever or any other ailment.

Lastly by putting questions to the patient. This is, of course, the commonest method at all times and among all systems. These are the principles of diagnosis followed in the Ayurvedic system, and it will be seen by a mere reference to them that they are quite exhaustive, and that there is not likely to be any disease that would baffle these methods of diagnosis.

As for the methods of treatment, our pharmacopœia consists of mixtures, pills, powders, lehyams, ghees, oils, etc. These are administered with due regard to the nature and duration of the disease, the portion of the body affected, the age of the patient, the season of the year, the portion of the country he lives in, the diet to which he is ordinarily accustomed, his strength, powers of digestion, etc. It is not quite possible to compress in the form of one answer all the points that it is necessary to mention in regard to methods of treatment. I am quite prepared to elaborate every one of the various points that may arise in this connexion with specific illustrations if a separate opportunity is given to me for that purpose. But suffice it to say now and here, that from steam bath and ænema to the prescription of medicated animal food our system is familiar with diverse methods of treatment.

As for the general efficacy of the treatment adopted in our system, my opinion is that the Ayurvedic system stands the test best. There is absolutely no disease on earth which has not been mentioned in the ancient works on Ayurveda. And a treatment has been prescribed in them for every disease. My experience has shown to me that practitioners trained in the Western system of medicine have been learning of the existence of some diseases only as the diseases themselves are breaking out and have produced their effects, and that even then, their methods of grappling with the deceased are a series of experiments in the nature of leaps in the dark. The Ayurvedic system suffers from no such fault. Take the case of plague. The two common remedies that are being suggested now are evacuation of the affected area and inoculation. But I have myself cured some cases of plague by administering the medicines prepared in accordance with the system of Ayurveda. In the case of influenza again, I have cured very many cases which Allopathic practitioners experimented upon without being able to diagnose exactly and I cured all of them only with the help of Ayurvedic medicines. I am mentioning these instances only to reinforce my opinion that in point of general efficacy the Ayurvedic system is not behind any other.

On this matter also, I am prepared to answer any specific questions that may arise or be put.

(*c*) I emphatically hold the view that indigenous systems of treatment are certainly more efficacious in certain conditions than other systems. Some of what are generally considered as the vilest and most obstinate of the diseases to which the human flesh is heir have been proved to be practically incurable by the Western system of treatment. Rheumatism, pthysis, asthma, leprosy and dropsy to mention only a few of such diseases have not been treated with any appreciable success by the Western system. But the physician trained in the pure Ayurveda has been able to effect miraculous cures for all these diseases. If I may be permitted to say so without vanity I have cured radically some cases of rheumatism and dyspepsia which had been given up as incurable by certain Allopathic practitioners of high repute. I am prepared to give out the names if necessary. I have known again of cases of what we (in Ayurveda) call सन्निपातज्वर (typhoid fever in its last stage) which have been cured as if by magic by capable Ayurvedic doctors after Allopathic practitioners had given up the cases as hopeless and as having passed out of human hands. I may refer also to a now very familiar disease among children of tender years known as (Katti—) in the stomach. I have yet to know of a case of Katti having been cured by anybody except a follower of the indigenous system. In fact it is now well-known that not a single parent ever consults an Allopathic practitioner in regard to Katti. That is a significant circumstance to be taken into account in judging of the efficacy or otherwise of the different systems. But perhaps the most eloquent proof of the efficacy of the Ayurvedic system consists in the fact that some of the more succesful Allopathic medical practitioners of the present day have acquainted themselves with and obtained some Ayurvedic medicines and are treating their patients with them also. Here again I can mention instances if necessary.

3. (*a*) No.

(*b*) As centres of medical education the existing institutions are suitable. But they are not adequate for affording medical relief. The number of such institutions has to be considerably increased, and it may be necessary also to get as heads of those institutions men of profound learning in the Ayurveda.

(*c*) **My answer to this is in the affirmative.**

4. (*a*) It is no doubt necessary for a proper training in the Ayurveda that students should be placed under the personal guidance of teachers of first-rate ability and recognised standing. But if that condition is fulfilled I don't think the other conditions referred to in (2) and (3) need be insisted upon as a *sine qua non.*

But if it is possible to fulfil these conditions also it will no doubt be a consummation over which we may rejoice, but I will not say they are in any sense indispensable.

(5) I entirely dissent from the view of the Calcutta University Commission. I do not believe that there is anybody truly trained in Ayurvedic system of medicine that desires to come in any touch whatever with 'modern scientific methods'. The combination that is proposed by the Calcutta University Commission will only be a product calculated to profit neither—at any rate not certainly the Ayurvedic system. The reference to "survivals which cannot stand the test of experiments' is thoughtless verbiage. I challenge anybody to point to any such theory and I shall demonstrate that observations like these are only begotten of ignorance. Time which antiquates antiquity and hath an art to make dust of all things finds and shall find the Ayurveda, unsurpassed and inexpugnable. And all 'progress of modern science' has shown but more unmistakably that Ayurveda is a science not for an age but for all time.

6. I do not agree with the views that the curriculum of studies of indigenous medicine should include modern science, physics, chemistry, biology, etc. Standard treatises of Ayurveda have devoted large portions to the subject of physiology as also to the subject of surgery. These contain also diagrams particularly of various surgical instruments. They contain also minute directions about operations to be performed. What I would suggest is that people who have read Ayurveda and have at the same time passed some Medical examination in the Allopathic system like the Kaviraj's of Calcutta should be employed in these proposed institutions to teach the aforesaid portions. They may do so with the help of modern instruments, because we don't happen to possess any remnants of our own instruments now.

(*b*) & (*c*) The answers to these will be comprised in the answer to the latter part of question 9.

7. I don't think medical registration is necessary. Certificates of having passed the required examination is quite sufficient to meet our purposes.

8. The Allopathic system of treatment is certainly more costly in all casses than the indigenous system. The most important reason therefor lies in the fact that even the smallest drug that goes to make up any prescription of an Allopathic practitioner has to be obtained only from foreign countries. The cost at which it is made available to us necessarily therefore swells high, since it has to include the charges of a costly establishment abroad, the cost of transport and the gain of local trader. Then there are the consultation and visiting charges of the practitioner himself which it is common knowledge are far higher in the case of Allopathic practitioners than in that of Native physicians. Almost all the drugs in the Sanskrit Pharmacopoeia are available in almost any part of the country even if they are not always stocked by the physician himself.

9. The main cause of delay of the indigenous system of medicine is the lack of adequate encouragement. Here we must go to the root cause of things. It is true that at the present day there is not a sufficient number of people in the land who could be said to be masters of the Ayurveda system. The decay of Sanskrit learning itself is the primary cause for this state of things. It is not perhaps generally known that it is not possible to acquire a thorough mastery of Ayurveda without a sound knowledge of the Sanskrit language itself. Secondly there are no facilities now existing for the acquisition of the Ayurvedic culture. There are no medical schools or other centres of learning to which desiring pupils could resort. Celebrated servants in Benares, and others who are deeply versed in the ancient Ayurveda, or have acquired a working knowledge of Ayurveda, and are competent to practise it, do not meet with sufficient support. There are no dispensaries affording relief on indigenous lines. Not merely that, for various reasons—such for instance as the imbuing of western habits and the aping of Western manners consequent upon Western education—these are not able to command anything like a decent practice. Add to these the hidebound restrictions sometimes imposed by the Government such as the rule or the practice now obtaining of requiring medical certificates only from Allopathic practitioners of some status, even those who believe in the efficacy of our treatment find themselves sometimes under the necessity of getting themselves treated by others. Ayurveda could be revived by establishing a large number of schools for the teaching of Ayurveda throughout the length or breadth of the country by giving a recognized status to those who come out successful from those schools and colleges and by the establishment of large dispensaries in which treatment on the lines of Ayurveda is afforded in almost every centre of the country. First in regard to the schools, those students who possess a certain amount of knowledge in Sanskrit—say for instance, those who have passed the Seromani text of the Madras University—may be admitted. Courses of study intending from 2 to 4 years may be prescribed. At the end of the course or such other intervals as may be fixed, examinations may be held and diplomas or certificates granted. The holders of these diplomas or certificates alone should be allowed to practise. If necessary, their scale of fees may be regulated. Medical certificates granted by them must be placed on the same footing as the certificates granted by corresponding Allopathic practitioners.

In at least all important centres there should be established a Government Ayurvedic dispensary to be placed in charge of people qualified as above. In big district centres like Madura more than one such dispensary may be established. In smaller towns one Ayurvedic dispensary and one Allopathic dispensary may be established. In rural areas either the one or the other according to local conditions may be established.

There are roughly the broad lines on which a revival could be worked.

Q.—10. (*a*) The Government could start and maintain schools and colleges for imparting education in Ayurveda, or could give grants to private institutions who may afford facilities for imparting such education, could recognize the status of people who qualify themselves and could also maintain Ayurvedic dispensaries. Local boards could co-operate with Government in such manner as they are doing now, and could start schools and dispensaries themselves. The Universities may affiliate schools and colleges imparting such education, may frame syllabuses and curricula of studies and hold examinations and grant certificates. Private individuals and associations could also start dispensaries and Government or local boards may give any grants to them.

(11)

M.R.Ry. C. S. NARAYANASWAMI AYYAR Avargal.

Q.—1. I propose to deal with *Siddha*, nowadays Ayurveda and Western systems of medicine, from a comparative point of view ; mainly with Siddha medical science, secondarily with Ayurveda, lastly with Western medicine and science, from a comparative point of view.

Q.—2. (*a*) As regards theories of the Siddhaic system this is a very broad question to be answered abruptly as pithy questions and answers. From the Siddha point of view this is a cosmic affair, covering the Macrocosm and Microcosm which means both Universe and Man from the old point of view of both the old Western Mystic system and Indian Siddha system. The main underlying first theory of the Siddha school is that there is no incurable disease under their category, if the practice of medicine is taken to be *as the art of restoring the sick to health.* If any disease is brought about on man, it is by his own self-actions (and not by proxies) ; when it comes to the question of the ailments of the children then only it becomes a side view of proxies as parents and nurses are concerned, and become responsible. As this is brought upon in the middle, after birth and before death, it should be also cured in the middle, provided there is one able enough to cure. It is only the want of men with such knowledge of science and its practical practice with efficacious cures on hand, makes humanity cease to exist. The theories or theory of diseases are asked to be enumerated and substantiated so that modern science can have its own critical tests applied to it. The theories are and were all the same all over the universe, during all times, because when creation evolved out from chaos and from that time man's edition and copyright of man by God has remained and remains all the same always and is yet unchanged. With the production of man his diseases also have come into existence as human flesh is heir to, as such medicine also has ever been. The modern man and especially the Westerner, who imagines himself to be the sole repository of all knowledge and civilization that exist in the world, presuming himself to be the greatest over all other nations in his impudence and ignorance and arrogating more to himself, assevers that he has been the founder of the system of circulation of blood and of animal magnetism, to himself claims the credit of being the inventor of everything nowadays. The modern Western science looks upon the universe as being a conglomeration of *dead matter*, out of which by some unexplicable process life has evolved out in forms, whereas ancient science is teaching us that the universe is a *manifestation of universal principle of life* acting through the instrumentality of forms. Modern science attempts to prove that, man is a biped animal (I suppose it, includes also him who presumes !) whereas ancient science inculcates that he may become a god (Deva) when such a gulf of difference exists in the notions about himself, the guardians of such a science sitting in judgment over an old science, 'which is presumed barbarous', though the conclusion may be a foregone one of foredoom, inasmuch as everything old is being viewed as such, when public invitation of opinions of various cults is sought after whether with speciousness or earnestness, we have to subserve humanity when sought for, lest it should become a culpable negligence. Man has got his jada and jeeva sides, meaning his material and spiritual sides ; and diseases emanate from both. For instance when madness is being called lunacy what connexion exists between luna and madness and why there should be more raving during fullmoon days, even though the existence of such a word in the language presumes of such a thing the ignorantly presumptuous modern professors and the scientists would never condescend to pry and probe through, unless it is with his lancet.

Man.—Man is a production of divine mind and thought, produced (1) of the essence of the five elements (2) sole of the stars, (3) and the spirit, which is the outcome of spiritual, stellar and temporal sides of Magnum Limbus from the Matris of nature formed of seven layers of tissues. His diseases are either the outcome of external machanical causes or are due to the mental conditions of Thathwas in chemical combination with his flesh. Every man is of eight spans of length each, by his own hand with thirty-two internal organs and limbs, and sixty-four functions, of physical, spiritual and internal causes. Diseases, as per old Siddha chemical school, are of five kinds, (1) by astral causes, (2) by impurities and poisons, (3) by the stoppage of the normal

internal functions of the body owing to morbid conditions, (4) by spiritual causes, (5) by actions of Karmic law. To exemplify the above under each class respectively some examples I give below :—

(1) As the universe is man also is, as the final creation of God, i.e , as per the law of evolution of the universe all that exists in the world exists in the man also, i.e., the influence of the Sun, Moon, Stars and the Panchabhauthic influences all act upon man. If the natural influences in nature is good, on man also good influences are produced, and if evil effects are the outcome, i.e., if noxious cosmic emanations are produced in nature by world agencies, they produce noxious affections in man also where if in the sphere of our souls there exist infectious germic causes to attract those astroal causes from nature, high sweeping epidemics are produced. To give another example, the influence of the Moon on man, during fullmoon days especially, is greater verging on the side of its bad nature as the magnetic siderial influence on him is acted upon in its developing intensity, is said to develop plague and other acute epidemics. Moon's influence is cold, its influence on the brain of man, which is called the moon's seat in him, is injuriously affected stimulating his sexual passions causing dreams, hallucinations and cravings inordinately during that period, hence the existing word lunacy found in the language. To go on citing such examples it will be verging upon ancient Vedic and Mystic, Astronomic, Astrology of East and West respectively.

(2) Poisons and Impurities.—The main doctrine under this head is, each created thing is in itself perfect and nothing is impure in itself, unless and until it is brought in contact with another, when it becomes poisonous in nature. The Mother Earth is a huge stomach in which every evolved thing is redissolved, digested and transformed and each being draws its own required nourishment from the earth. Each living being requires a particular kind of food and adopted to its species and to its own animal organism. Animals are endowed with particular instinct and scent, so that it may reject anything which may be injurious to itself, but whereas intellectual man disobeys his natural instincts, he eats and drinks anything to gratify his artificial taste, and as such consumes anything, even a pig which subsits on human refuse. As long as the human frame is strong enough to expel the absorbed injurious substances by his intemperance, gluttony and his other morbid taste, he seemingly pulls on well, but with his unnoticed and unfelt serious loss of tissuic and cellular vitality every moment, until at last it comes out in some form of disease, when the physique by habitual strain and loss of vitality becomes weakned to expel such accumulated poisons from within his frame. Rheumatism, gout and dropsy and some other diseases are owing to such accumulations of such unwanted impure things stuffed into the body. Unless these are expelled from the body, by medicines strong enough, when in addition if the system becomes subjected to injurious astral influences in nature, some other diseases of a worse stage are developed.

(3) Diseases arising from the conditions of man's internal nature, i.e., from psychological spiritual causes. Herein comes a hard nut to crack for a Western man. As per old science world itself is an emenation from God, i.e., the corporial world is an external expression of the world-of-mind. Each and everything in it represents an idea of Para Brahmam. Each star is a visible symbol of an universal principle or faculty. Man, himself is a cosmos and is the highest of all animal kingdom, i.e., containing the nature of the whole animal creation within himself, with an additional highest faculty which no other animal is endowed with namely, with the power to attain self-knowledge, i.e., the knowing of God within himself and attain Moksha. The body of the man is his house. Man is a Sun and a Moon and Stars filled with heaven. And thus man is only a form-manifestation of a universally existing previous state of the universal mind. Individual man is the individualised universe, i.e., having his own heaven within himself, as a part of the heaven of the universe. Every organ in the human bady is formed by the action of certain universal principles, attracting that which is required to its own development from the magnum limbus. "Thus it is said that the heart is in sympathy with the elements of the Sun, brain with that of the Moon, gall bladder with that of the Mars, lungs with Mercury, liver with Jupiter, kidneys with Venus, spleen with Saturn, etc." (vide Gnanavetti and Paracelsus ' De Pestilitate). Then to come to the psychological diseases of man under this head, many diseases are brought about especially by the abuse of his own physiological powers in consequence of which his functionary organs loose their strength and vitality, i.e., the stomach when habitually over-loaded with food brings dyspepsia as in gluttonous gourmands and also when stuffed with irritating poisonous drinks, greater amount of work is thrown upon the stomach and this with the kidneys both become inflamed, weak and enlarged by their overwork ; in the same fashion inordinate sensual excesses bring on premature prostration in the frames of both sexes, those organs become paralysed and human nature becomes morbid, bringing in its train diverse diseases. It is only that the highest endowed man that becomes unnatural to his instincts to belie his form and character and his maker, though he retains his shape, even after his physical excesses. As such a doctor (a natural doctor, I mean one who is endowed by nature itself to be a physician) has necessarily to know cosmas and man and their nature to study, diagnose and administer medicines suited to the malady.

Under this category in ancient Indian chemistry Universe is divided into three classes of (1) minerals, (2) vegetables and (3) animals, all which remain true to their nature and their forms indicate their character. And minerals are divided into 212 things. From these vegetables become evolved under six classes of tastes and of 3,300 genera. Man's ailments under all the above five divisions have been computed to be 4,448 in all. Animal became evolved and man

stands the highest as said above among the whole creation, containing within himself the whole universe and the firmanent above, and the creations below him. To set him right from his ailments under the above five subdivisions (of which two more will be discussed below) medicines by minerals and vegetables both combined together or 8 separate have been formulated to produce a cure and a permanent cure. In the firmament above great many are the stars which exert its influence on the organism of man and plants below. The plants attract the powers of the stars to which they are sympathetically allied. Moon is called in Vedas as *Oshadhinam Pathi.* Such astrally influenced plants are being utilized by an Aurvedi to heel a man of his malady. By a judicious use of plants its beneficial astral activities may be attracted and civil results produced by man's intemperance in habits may be counterbalanced and neutralised, and his body may become once more resuscitated. Under the Agasthya system of chemical medicines there is a unique feature ordained to be observed in gathering and extracting the plants fresh, when their occult properties are at the highest, at a certain time of the day or night, during certain planetary conjunctions, which is not being observed nowadays by any. In the healing art it is the action of the astral influence of plants to be observed, so that it may act a supreme beneficial influence on the astral side of man.

(4) Diseases arising from our thoughts are from spiritual causes. This class includes all diseases induced and caused by evil wills, from passions, disordered thoughts, and morbid imaginations. These psycological states by their physiological actions and reactions induce physical results, such as shame producing blush, terror paleness, fear causing diarrhœa, anger and envy jaundice, meloncholy obstructions, violent emotions miscarriage and malformation of faetus and hysteria in the other sex, apoplexy and spasms in all. (Note the meaning in the word, apasmara roga.)

(5) Diseases under Karmic law.—All diseases under this head are the effects of previously existing causes, some originating from natural and some from spiritual causes. For such cases remedy lies in time alone, until the evil force, stellar and natural is exhausted and the law of universal justice is satisfied. *N.B.*—The authorities desire that the above theories should stand the test of modern scientific criticism. What is modern science ? It is that which declares, that man is an animal, and the universe is a nebulæ, or a conglomeration of dead matter, out of which by some unexplicable process life has evolved in so many forms. Ancient Indian Mystic Siddha science declares that the universe is a manifestation of a universal principle of life which pervades all over, acting all through the instrumentality of forms, and that there is no dead matter in the universe, and that which dies returns again into the matrix of nature, to be reborn into other forms, to serve again as an instrument for manifestation of life, and that the *Man* is the nearest approach to *God.* Modern Western medicine knows only the dead body of man and not the living image presented by nature. And their medical art is based upon their own fancies and speculations which they imagine to be science. Modern science knows more about the superficiality of things, of steam engines and other modern inventions, and ancient philosophers knew more about the powers that move the world and of communication of thought at a distance without the employment of *any* visible means which is ' Thought current '. Modern science invests man with power to lift his own weight whereas ancient science invests him with power to control the destiny of the world. Modern science allows man to live for a limited number of years and ancient science teaches that he has existed and will never cease to exist if he desires to live. Ancient science deals with internal living deified man and modern Western science deals with external constitution, form and dead body of man. Western chemistry deals with physical matter, ancient chemistry in addition to this, with the spiritual and astral sides and principles of the same. Modern chemistry decomposes and recombines material substances in certain proportions, saying that it purifies simple matters of all foreign elements, leaving primitive elements unchanged, and ancient chemistry deals with substances created and produced as they are by God and Nature, changes the character and raises them up into higher states of existences ; that is Western chemistry is a destructive science dealing with chemical combination, separation, and recombination of physical substances, whereas ancient chemistry deals with the purification and combination of astral elements and with the development of lower forms and lower states into higher onces, thereby by the former its original innate state is not changed whereas by the latter we raise its innate lower state and characteristics into a higher and purer developed state. When such a science which is destructive and defective in itself and men who ever and anon brag and pride that they are yet improving, which undoubtedly implies its own defects, when it sits on judgment and in judging over a science *which has delimited the limit of its own extreme limit,* as an organised and protected conclave, the decision of the foregone judgment is patent, because their ignorance of an astral and spiritual side of created things is far distant and makes them biassed to the extreme extent to discard anything which they do not know and which they are also determined not to know. A nation which is very niggardly endowed with spiritualistic side of man and matter cannot but throw out as a dreamy side of the affair, because it will not put in jingling pelf into their pockets as quite materialists which we see everyday of them, not given to improving themselves though they are in the midst of a dreamy nation for the last 150 years.

Q. 2. (*b*) Principles and methods of diagnosis followed in the Siddha system is as follows :—

(1) We have to take the statements regarding the history of the case and his complaints from the patient's mouth or from his people who attend on him, and to feel and study the actions and gaits (gathi) pertaining to the *functions* of *Vatha, Pitha* and *Sleshma,* and have the common urinary test also done (not the test of analysis of western mode) as is being nowadays observed

by some renowned men of Ayurvedism and Unani practitioners of dripping a few drops of oil over hot urine passed just then during examination time. The first and last test is all a simple mechanical one. But the second, of observing and studying through the aortic pulse the vatha, pitha, sleshma gatis from the mere reflected and conducted lub-dub sounds of the western physiologists of the circulatory system of blood in the frame, and from that study to fix the patient's complaints is the hardest nut to crack to the manufactured doctors of medicine as per medical educationary curriculum. First of all what these words are and what do they connote and what we do as per the import, of this pathological mode, is given below. Evidently these words are from Sanskrit, meaning air, bile and phlegm. The sense and import of these words cannot be understood by laymen unless they have the knowledge and education of world old science of man, his soul and spirit in his both materialistic and spiritualistic sides. In Ayurvedism these are called Thri-doshas. In the Siddha cult these come under the heading of *Thathwas*, meaning doings and functions of the system. Ordinarily there are 64 functions *of the system* and *by the system*, under the former class of an abstract kind of the Karanadis by Karuvies of man, (i.e.), functions by the organs internal and spiritual and spiritually internal. Normally we inhale and exhale. The inhaled air after it is contained still in their receptacles the lungs, when it flows in, joins, mingles, and intermingles, inside the system, produces heat and fire and overheat in the body and when the whole is regulated evenly this function is called the Vatha (i.e.), the process of oxidation is being maintained in a normal state all over. This is called the Vatha Thathwa.

The Pitha Thathwa means, when the bile mingles with the heat in the body and the oxygenic Prana Vayu runs direct throughout the system commingled with this, into the tissues and cells, the increasing heat and overheat produced is being regulated to a normality all over the frame, by disallowing the abnormality of oxidation if anywhere localized ; this is called the function of Pitha.

Sleshma is the function when the biliary matter and fire after the above two functions are fulfilled, comminglingly joins the residual water stagnated in the vascular system and becomes assimilated and one with (i.e.), when the perspiratory secretion cannot be expelled out, and when all these three together produces abnormality in the regulatory system produces an ailment long or large in either receptaculary lungs and vescicles, this function is called the Sleshma. And the effect of this is the production or secretion of phlegm. When these ordinary functions become upset it is called to attain the Dosha (upset) stage and the Ayurvedies call these safely by the name of Thri-doshas. This is no confounding humoural pathology of the Greeks. As far as I am aware, neither the Sanskrit medical treatises nor the Ayurvedic literature have explained these Thatwas in such vivid language as normaling functions of oxidation and regulation. When Maha Mahopadhyaya Gananatha Sen of Calcutta Ayurvedic fame has been lecturing in 1916 before the Hindu University of Benares has not explained these functions as functions but has been giving the effects produced by these functions under doshas.

In the same question about the modes of treatment also is asked. This is also a very broad question. To be brief there are two systems (1) Siddhaic and (2) Ayurvedic.

Siddhaic System.

This is called the Agasthya system, (i.e.) in this, medicines are prepared from out of the mineral substances which are 212 in number, having salt as its basis, Rasa, Gandhaka, Pashanas, as ingredients for the mineral and metallurgical medicines. Universe is divided into three classes of Dhatu, Mula and Jeeva. Each of these main divisions is divided into six subdivisions which are, viz. :—

Dhatu—

(i) Salts with 25 subdivisions.
(ii) Uparasas into 112.
(iii) Pashanas into 64.
(iv) Metals 9, nain 5 ; compounds 4.
(v) Rasa—Mercury. The king of minerals.
(vi) Gandhaka—Sulphur queen do.

Mula—Divided into six classes under six tastes of salts, astringents, pungents, bitters, sours and sweets ; with various degrees of strength from 1 to 1,008 degrees under each of the six kinds of natural growth, viz., trees, shrubs, creepers, juicy, and juiceless and milk giving plants computed at, in all of 3,300 genera botanically.

Jeeva—Divided into six classes as per generative receptacular and procreative organs. The above 212 minerals are classified under—

(i) Friendly and antithetical substances (sathru and mithru).
(ii) Male and female order (Sakti Siva or Nada Bindu) class of things.
(iii) Salt and sour classes of materials, and of
(iv) Pancha Bhauthica systems of Earth, Water, Fire, Air and Ether.

In all the above, the innate quality and characteristics of each of the six classes have to be transformed into that of having another quality and nature. For instance salt is a material which is soluble in water and volatile in fire, has to be changed to melt in fire and non-soluble in water. In the same fashion the nature of pashana which will waste in fire and not soluble in water has to e transformed to withstand fire and soluble in water. Uparasa which is

neither wasting in fire nor soluble in water has to be totally changed as that of a salt class of material. This process of transforming is called as that of binding. After that of binding these materials will be turned into that of a Bhasma, Sunna, or Sindhura, to be administered as medicines for various maladies. The vegetable kingdom is useful in this course and process as per the nature and class of medicine we want. In changing the birth innate nature of materials we transform these into a substance acquiring higher nature and potential and having the property and quality of becoming assimilable in the very tissues of the body. The compositions and component ingredients of the medicine is also made under Sathru, Mithru, Pancha Bhautic, Bindhu, Nada orders above mentioned. Mentioning the whole of the medicinal system is only a thankless job. Because a nation which is afraid of mercury as a nightmare, simply because they cannot either bind it to withstand the test of fire and melt it, like any metal, nor alkalise or turn it into a simple black or red sulphide in combination with sulphur, which even a poor barber-physician among us is aware of, to avoid mercurial poisioning, is going to sit on judgment over a mighty science. We will leave the Westerner who is here in our midst to earn the maximum amount of money within the minimum of time at his command by a roaring practice, but our kith and kin who has been manufactured and trumpeted into a great medical man (in his own eyes) with his half-starving education and smattering knowledge of the same destructive science is the rancourous renegade and is the bitterest enemy to the science itself who is prepared to deter any attempt to improve by his own people. Pity, the defect does not lie in the doctors, but in the very system of pharmacy at the root of which the modern science of Chemistry lies. Because in the analytic science when a certain thing is put in an acid certain ingredients are turned out as gaseous matter by chemical action, and there is recombination of certain materials as residue with some of the ingredients of the administered acid, which is a patent fact, of which it is not that the Westerner is not aware of, and hence his trials to protect his science, himself, and his profession with and by so many of the huge powerful organizations, to impose upon and smash poor half-starved organizationless niggardly beggars with their so many acts of legislature thrust upon. And it is only a weak man who wants protection and that of the highest as defective and improving one.

Ayurvedism.

This is a word of very broad sense. Old chemistry of the Indian Siddha School of Agasthya, Nagurjuna, Pathanjali, etc., has been all along so many ages of the world a guarded and protected science kept as an holy art in various Asramas of Rishies, because it was useful for them, (i) to keep themselves a proof against diseases, (ii) to prolong their lives (to any period they liked), (iii) to make their bodies (Jadas) ever existent, i.e., until the time they wanted to have, like their own souls, and (iv) to keep themselves above wants. This is the old Western Mysticism which is not understood by the whole Western continents just now, with the exception of few like Dr. Franz Heartman of Europe and Spence Louis, the President of the American Rosicrucian Society of United States of America. That is, it evidently borders on ancient Alchemy, which is an exploded science in the West. (So far safe, because these mystics save themselves.) Again, to go to the root of this, it goes to the hidden portion of the whole science, i.e., the Philosopher's Stone which is the 'Despised Stone'. It had and it has necessarily to be protected from the purview of the layman, because human society would cease to exist by wars, because pelf entices any to become greedy. The Vedas and any Scripture gives evidences of these, because this has become the sole secret of a few, always all over the world, who would not freely divulge the secret, unless to the chosen initiates. For example, the Deva Asura wars of India and of the driving of the Israelites from Palestine making the whole Jews for their riches from Abraham's time as homeless even up to now. With excuse for the digression above, in the absence and want of this secret knowledge, our old benign lay forefathers have devised the system of Ayurveda, as a system to heal, and heal alone, the various maladies of human kind, making medicines by a combination of mineralogy, and taking a greater portion of biological knowledge and materials divided under the above headings of Pancha Bhauthica and Sathru Mithru Sammelana. Hence it is to the credit of Ayurvedi to cure very many chronic cases given up by western guardians of medicine. To the modification of the judges in the committee I give below some quotations of Paracelsus towards modern Western science and medicine, who is called by some, as the father of the present-day science. It may be true in the sense he gave an impetus to its development on the wrong destructive side. There is an instance in our Puranas, for instance, the great real Reformer of nowadays Hindu society, viz., the illustrious Vyasa, has made himself a Chirunjeevi (long-living man) and has kept the whole Hindu world by his lore to die of want and sickness, by giving fascinating and engrossing allegorical stories of old, making man to forget great scientific truth and engulf himself in wild imaginings alone. Such was Paracelsus also who was scoffed at by the ignorant, his reputation torn by the dogs of envy and hate during the time he lived and was murdered for his honest outpourings which were mistaken for vituperations. He says: "You have entirely deserted the path indicated by nature and built up an artificial system which is fit for nothing, but to swindle the public and to prey upon the pockets of the sick. Your safety is due to the fact that your gibberish is unintelligible to the public, who fancy that it must have a meaning and the consequence is that no one can come near you without being cheated . . . . You live upon imposture and the aid and abetment of legal profession enables you to carry on your impostures and to evade punishment by law . . . All your boasted science is nothing but an invention to cheat and deceive. The pity of it is it is being protected by the authorities of the State. A physician who knows nothing

of the inner astral man and innermost centre or soul, with the external physical body, hence with no spiritual power in himself, can be nothing else but an ignoramus and quack, even though he might have himself studied all medical books and graduated in all the medical colleges. His boasted science is nothing but an invention to cheat and deceive . . . It is useless and dangerous to make a medical practitioner out of a person who is not a physician at heart. Ancient medicine rests upon four pillars : (i) a knowledge of physical nature, (ii) a knowledge of the powers of the mind, (iii) a knowledge of the divine powers in man and (iv) upon the personal virtue or holiness of the physician . . . . They only know the dead body of man but not the internal man. Their art is based upon their own fancies and speculations. A real physician is a product of nature, neither Emperors nor Popes nor colleges and schools can create physicians, but they can confer privileges and can give permission to kill . . . . It is a divine art which cannot be prostituted for base purposes . . . Modern science almost knows nothing about the cause of the actions of medicines and for this reason the use of herbs and roots have been almost abandoned . . . . . The quack studies diseases in the affected portions . . . . The presence of an ignorant and greedy doctor is a curse to all and a public calamity."

Chemical Siddha treatment.

The treatment followed in Siddha system as explained above, is by simple single mineral substances, singled out from out of the 212 substances, each transformed into Bhasma, Sunna or Sindhura keeping a Lahiya or Churna from out of the materials of the vegetable kingdom, composed of roots, saps, juices, seeds, milks, gums, etc., all prepared under the system above described.

Ayurvedic treatment.

The Ayurvedi in the absence of the knowledge of binding the mineral substances for which the Philosopher's Stone called ' Muppu ' is indispensably needed to withstand calorific power and taking the biological science as his basis and mixing if necessary as one of the ingredients to his medicine some mineral or other in the swooned stage such as by roasting, frying, etc., on small degrees of heat such as it is in the sand bath process of Western pharmacy, mixing both in a more or less raw state he manufactures his medicines and administers. Under this category there are medicines for all the various four classes of diseases with the exception of Karmic affections. Nowadays these have also caught the stamina of parading in their public advertisements to say that the ingredients in their medicines does not consist of either Rasa, Gandhaka or Pashana, from the Western system, of which both these are terribly afraid even to touch or approach. In the Western system as said above the chief volatile nature of medicinal minerals are driven off and out as gaseous matter, to which many new names are being coined, by the chemical action of acids, and new ingredients of other substances treated in the same fashion are added, compounded and administered. On what basis and theory and principles of science, of the humanity in connexion with the physico-chemical action and reaction of his medicines on man, on his physical, and psychological sides, is not known to the manufactured doctor. This physiological chemistry is said to be known to few only in Germany and America as accepted by the Westerners themselves. And the only thing the forte and glory of western medicine is that it is made an assimilable thing in the body within a few rounds of the circulation of blood in the frame, as all medicines are made soluble matters in God's aqua, a fortiori, by action of gastric juice in him and the effect either for good or bad becomes perceptible on the patient within half of an hour or so, but no radical cure for any of the chronic cases, because the Åkasic and Vayu amsas which are the vital elements of manifested life itself are driven away and becomes lost in the medicines. This is the scientific view of the old mystic schools all over the ancient world (vide Sankhya system of Philosophy and Turba Philosophorum) with scientific facts and truths as science I have dealt with in the above. If figures are wanted we have to work it out and prove by demonstration by taking half a dozen cases of some of the incurable chronic cases and have them proved to satisfaction of some unbiased judges, and that I am prepared to do.

Q. 3. (*a*) I am myself a practising man in a very small scale only, not followed as a profession, but giving relief only to those who seek my aid. I am not connected with any institution whatever.

(*b*) I have seen only two such institutions, viz., Venkataramana dispensary, and Kannan Chettiyar's at Triplicane. I leave the other questions to be answered by people who know better than myself, in the following affairs.

ENCLOSURE

Ancient Indian Chemistry and Alchemy, as gleaned and collated from the Chemico-Philosophical system of the Indian Siddhas.

Preface.

There have been and there are many, among Europeans and Indians, illustrations and otherwise, who have zealously worked and ransacked in the many departments of the ancient knowledge of the Indians. Their labours have thrown ample light on the ancient Indian literature, on very many subjects, to be far advanced, but the two branches very much neglected, viz., Chemistry and Medicine. To say, in the words of Dr. Praphulla Chandra Ray, that investigating in these subjects has hitherto repelled is quite below the mark, but it has simply baffled

the attempts of many master intellects and erudite men owing to the complex nature of the subject, and as being couched in hidden languages unspoken just now, in all its technical and technological details, much more it is to investigate. Such knowledge and literature is scattered in very many Indian tongues. And in none but one of these main languages and in some dialects is it handled and handed down to us, in its succinct scientific fashion in the South-Indian independent *Tamil* tongue. When I say this to the surprise of many a Brahmin, I humbly solicit to be excused by the admirers of Sanskrit who are too many. The ancient Tamil authors, three illustrious among them, viz., Maharishis (Sattainatha, Bhoga, and Konkana), who have left complete records after the comparative study of both Sanskrit and Tamil, say in their writings in Tamil, that the authors in Sanskrit have written in very abstruse diction highly delusive so that neither head nor tail could be made out of their chaotic literature. Unless we are initiated and trained in their trammels, it is quite impossible to dive to the bottom even by a practical initiate unless he is an adept. The eager and earnest desire of the late Monsieur Berthelot, the illustrious French savant and the doyen of the Chemical world of the West, can be amply satisfied if he is now with us to review, if not to incorporate with his 'History of the Chemistry of the Middle Ages in Europe', which I present the world with just now, what I have unearthed, unravelled, and collated as below after my study and practical research in chemistry for the last 26 years, to present the Chemical section of the Human society, to their wonder and astonishment, of the ancient Indians' advanced scientific systematic knowledge in the synthetic Chemistry of the Siddha School rather 'Indian Mystic school' which is being very much mistaken very irreverently by the half-starved Indian himself whom they call Pasu.

The internal evidence of the literature shows that they were written and composed at a time when the Godhead of the composite Universe, called Bhuvanas, was, the Para, or Parapara, the She-element of the Universal Para-Brahmam, anterior to the male element of the same Para-Brahmam under Saivism or the later Vaishnavism has become established, and that it was the Patriarchal religion of the Universe as peculiarly defined and understood by them in their own times, which differs no doubt from that which prevailed in the western portions of Asia, which can be traced and proved to have existed from all the ancient Chaldean, Egyptian, Armenian, Assyrian, Arabian, Chinese, and Japanese literatures. It talks of a Government rather Principalities which were Pro-Republician in spirit, under the great Patriarchs, who were called in India Maharishis, Gothrakaries, and Matathipathies, in the Indian tongues. I may humbly claim, on behalf of this now more or less defunct school, that this Chemico-Philosophical literature should be said to be the mystic fountain-head of all the later-day six Indian, and of the four Grecian schools of Philosophy, and of the religious Philosophies of the new technical systems of Dwita, Adwita and Vishishta-Dwita, subtle and controversial in words which seem to be overgrowths only of long ages to prove the *Unity of God.* In their books they allude to the two schools only which existed contemporaneously, viz., (1) *Adwita Gnana* school of the Suras, (2) *Dwita Siddha Scientific Rakshasa* (रक्षस) school, and to the six religions which existed within their own country, viz., Saktha, Sowra, Ganapathya, Saiva, Vaishnava, and Bowddha, and to the other six religious systems outside their own continent.

Coming to the portion of Science proper, all the old Sages have divided the subject into 18 branches, by the names of Limbs or Angas of Chemistry and Alchemy as under :—

(1)	Alloys or Kalankas	551 kinds
(2)	Sulphides or Sindhuras	1,010 ,,
(3)	Major-Oxides or Gurubhasmas	705 ,,
(4)	Viscicular or Waxlike Unguvents	307 ,,
(5)	Medical solvent waters	105 ,,
(6)	Acids	66 ,,
(7)	Metallic-Oxides or Navaloha Bhasmas	51 ,,
(8)	Organic Ungvents	7 ,,
(9)	Inorganic oils	7 ,,
(10)	Mercurial Phallusses or Gulikas	1,020 ,,
(11)	Alkalies	Endless.
(12)	Binding Agents	Infinity.
(13)	Colouring Agents (in Metal)	3 classes.
(14)	Destructive colouring Agents	One.
(15)	Allies (among minerals)	...
(16)	Enemies (among minerals)	...
(17)	Mascerating and Oxidizing Agents	Numerous.
(18)	Melting Agents	Few.

Under these heads from the Presidential Aghasthya down to many of the numberless Siddhas have dealt with very ably and conclusively ; Konkana says that he has dealt with under 19 Angas or Heads and Sattainatha Mahamuni under 21 Angas. Two among them, Bhoga and Sattainatha have left keys to their literature as a clue to their cult with philanthropic motives so that men and the creation may outlive like themselves and attain the beatific end. Why the scientific portion, especially Chemistry, should be included among the philosophical systems and the bearing which this has to it will be seen later on in the Introduction. This science was called in Sanskrit, in ancient days, as "Chamikara Vidya, Vada, Rasa Vada and Hema Vidya", all with different import and meaning. The word Chamikara might have given the origin to the Arab to derive his word *Chimiva* (Kimiza).

Introduction.

In dealing with this comprehensive subject of the ancient synthetic Chemico-Philosophical system, one has to handle four different divisions of the same subject, not only allioed to but also commingled and intermingled with each other, viz., (1) Vada, (Alchemy), (2) Vaidya, (Medicine), (3) Wisdom (Gnana), (4) Yoga.

In ancient India this knowledge of the science, the first two branches, have been made a necessary handmaid of the latter two. All the South-Indian authors have all, in unison, subjected Alchemy to be so blended and interwoven together, as it was to attain a certain end and aim of theirs, that is Moksha, which means literally Liberation, derivatively, Salvation, to be attained in the life-time of one's own living period with consciousness in himself, and not after death as it is now understood generally, which is the Anandamaya stage of the Yogi, or the inertness in the activity of the life of the Gnani, and the Nirvana of the Buddhist.

Firstly, as to its language and style they are all written in easy fluent colloquial spoken language, rhetorically not hard but in long metres. And these are said to have been composed after they have attained their final beatitude stage as said above, within their existence of the first 120 years. The popular notion of imputing that they were written in abstrusee enigmatic language and fashion is simply incorrect because we have to remember that their language is too colloquial and the sense, import, and connotation of their significantly pregnant words have become changed in meaning in our own times, and there is no study of words written then or now. The language is said to be hidden because we have neither their training nor their depth of knowledge as understood by them in that particular branch nor have we the patience to work indefatigably to fathom the deep sense imbedded in words which some novitiates among them have remarked as the "heartless language of the Siddhas." Before going into the subject I have to explain the bearing of the one on the other and to the following three :—(1) Vada or Alchemy is that portion of that Chemistry which deals and treats of transforming in clear lucid fashion in all its varied branches of changing baser metals to higher by minerals, vegetables and by animals. (2) Vaidya is that of medicine by Chemistry for the ailments of man. (3) Gnana is the study of the nature, of matter, and soul, and of man and human society and the scientific modulation of man with Universal God. And Yoga is the practice of Brhma Vidya or Raja Yoga to attain the summum bonum of their ambition, Moksha, which means transforming themselves both physically and spiritually.

कायसिद्धि.

By keeping this final end of theirs in view we can best understand them, which is to give the gist in a nutshell, they have classified the ills and diseases of the human kind to be 4,448 in all. For these variant maladies to which man's flesh is heir to, about which it will be dealt with under the head of medicine, the remedies have been devised and manufactured which are very effectual cures and further preventives and to sustain the human frame as long as they wanted. They as a first step effected this and made themselves a proof against diseases and not afraid of death under this head. Secondly, they fortified their physique against the ravages of old age by the extra proof of strong Chemico-Metallurgical medicines and thus knitted and unified the soul and matter together and thus extended their long lease of life, to study man, creation and Universe stage by stage and to attain their final stage of beatitude of self-realization by their simultaneously practising Prana-yama. For all the above, they have classified Vada and Vaidya under the head of Hema-Vidya, Gnana and Yoga under the head Brahma-Vidya. The latter means a tranquil pensive work which also means expensive course. For all this knowledge of one's own transforming to be attained by any ambitious soul to undergo the whole course, that is, to maintain and sustain oneself to this end, Alchemy which was a necessary corrollary in the course itself has been devised and perfected to help with such things as a subservient or basic knowledge to their ultimate end. The whole literature of this school of men, has been written after their aim has been achieved from that mental plane in the language of that particular school as it was at that particular period of the world's age. And they are accused uncharitably by us through our ignorance of their environments and comparing this with the present common knowledge of worldly materialistic nature of worldly things, they can be excused of their seemingly selfish nature which is unseemly presumed by us.

The classification of this School of the Universe is as follows :—

(1) Dhatu, Mineral Kingdom.
(2) Mula, Vegetable Kingdom.
(3) Jeeva, Animal Kingdom.

The one evolving from the next lower from Mahath and not the reverse order as is taken to be by the new-fledged scientists. Again, each of the above three classes are sub-divided into six divisions each, which are again sub-divided as said under, viz.—

Dhatu into—

(1) Salts, of which there are 25 ;
(2) Pashanas or Arsenics, into 64 ;
(3) Uparasas or Silicates and others, into 112 ;
(4) Metals or Lohas into 9.

(5) Mercury or Rasa, the King of the minerals;
(6) Sulphur or Gandhaka, Queen of the minerals.

(b) Mula or the vegetables into six classes, as per the natural tastes, of which there are six in number—Salts, pungents, astringents, saccharines, bitters, sours. Plants may have one or more, or a combination of some of the above tastes in various degrees, each ranging from 1 to 1,008 degrees in their intensity.

(c) Animal kingdom, subdivided into six classes as per their originating seeds and germinating faculties. These are the ever-present and ever-lasting 18 things in this known Universe as long as it exists which is being misapplied and mis-stated in many ways as it suits the fancy of any smatterer.

Dhatu (Mineral).

The Universe is composed of five primordial elements of Earth, Water, Fire, Air and Ether. They have taken salt as the basis of the earth and creation and as the earthcrust formation of the Universe, and they first chemically treat the same to stand the test of fire to be melt as any metal and then alkalize the same. Their test and mode of testing all the different minerals was by natural agencies alone of water and fire and not by acids got of salts and sulphur as it is in modern analytic, rather destructive science, viz., (1) Salt is that which is soluble in water and volatile in fire, having at the same time the innate natures of bursting, smoking and burning; (2) Pashana is that which smokes in fire and non-soluble in water; (3) Uparasa is that which is neither soluble in water nor smoking, volatilizing, nor burning in fire; (4) Metals are those which melt in fire and last fixed, and insoluble in water; (5) Mercury is that which is being atomised and vapourised in the smallest degree of fire and non-soluble in water and said to possess also seven kinds of epithelial like drossy matter covering its molecules, and of 40 kinds of powers latent in it, is called the King of Minerals with manly procreative powers in itself. (6) Sulphur is that which smokes, burns, and volatilizes in fire and insoluble in water is the female sustaining productive element is called the Queen of Minerals.

By changing and transforming the inherent created nature in each and by making the things to acquire a developed power higher than its already innate power, the properties of the things are transformed from one t the other. This was their aim chemically and the ultimate end is to alkalise all the abovesaid 212 things of the Universe. The reason why they should do this is first to make the things assimilable in the human system by the digestive process for which everything has to be made soluble to which they are reduced to, to assimilate them in the physique with which we are born as perishables and to make them last and last longer and impregnable to diseases and indestructive against the ravages of age, as the physique is the repository of the evanascent soul.

Mula (Vegetables).

The vegetable kingdom which evolves out of the mineral kingdom is divided into six classes of trees, shrubs, creepers, milk-giving, juicy and juiceless plants, whether having one or more or a combination of more than two tastes have been classified under 3,300 Genera, of from 1 to 1,008 degrees under each taste.

Jeev (Animals).

Animal kingdom, from ant and flea, (the smallest) upwards to elephant and whale are classified under 84,00,000 species generated under four kinds of generative receptacular female organs and under six classes of procreative seedly elements of the male kind. Out of all the creation man is the highest evolved and fully developed being out of the above two kingdoms with all the senses and faculties, holding the essence or the prototype of the Universal God within himself, and capable of self-realising the same for himself and to understand the existence of the higher life of the Greater Soul of the Universe, *Paramathma*, though the materialist may call this the dreamy spirituality of the Orient. As such the whole Universe which emanated from the very thinking of the Para-Brahmam is a full and a whole life-matter and not a nebulæ as supposed by the scientist of the Western destructive science.

The principle of evolution of *Godly Man* from the infinitesimal seed in the embrio to the adolescence, man, and Godly-developed man after the Universal model is described scientifically, clearly in this literature of Indian mystics; by way of exemplifying the Vedic principles, (1) "that if one was born he should not die, and before he dies he should not take birth once more," as also "Athmavai Puthra Namasi", i.e., oneself becomes under the name of son. For this dictum to be understood, we have to take ourselves to the pre-Buddhistic eras or Thanthric ages of human thought, rather to times anterior to the Karma doctrine which was established on Karma basis by Bhuddhas themselves and there were 24 such Bhuddhas before the last Gouthama Bhuddah, it is said. Corroborating this dictum, we see from the internal evidence of the Christian Scripture that God has ordained us not to taste the forbidden fruit; though it may be taken and understood by the erudite many in very many ways, yet as a religiously dying Hindu, I take it in the old mystic Siddha sense that we should not be dreaming, soaring, and drowning ourselves in the Edenic Garden of Women. By this our physical frame is exhausted of the vital fluid which is wasted and we become decrepits and prematurely old even within half the period o man's span of the vedic time age of hundred years. If we roam or taste as against this beget children by planting the seed of man in the womanly soil, we are said to be born once more ona kshetra. This must have been the primitive idea of re-birth of man in the Vedas which is

being interpreted in diverse ways as per the notions of each religious interpreter to suit his own strain and whim and his school of thought. The whole Siddha religion was the religion of the intelligent few or the religion of the cultured few only, in each nation among many nations of many millions in each. And such broken-down constitution have to be resusciatated and re-built if a man aspires to become an adept Siddha. The word " Siddha " means ever sure and true, ever ready and ever lasting derivatively. To fortify the body as the container of the soul, which could not last and could not be seen without it, once broken down, to extend the life with no fear of death either by disease or old age or destruction by the five natural elements or agencies, the Siddha has perfected the ancient Pharmacopœia, Chemistry, and Metallurgical medicines, and alchemy to his own needs and wants in his aims to attain and achieve his beatific end. The elaborate course of Kaya-siddhi, (Kaya means body, Siddhi means making sure), had to be undergone by an ambitious soul for twelve years or two cycles of six years each within which period not only the tissues with which we are born from the mothers' wombs are being changed but also the very nerves are transformed tendinous and the bones converted and fossilized like ivory for which or within which time the human frame is turned out into mercurial bodies by the chemico-metallurgical medicines, indestructible by the five bhuthas of earth, water, etc., as a finis. To attain all these potential powers with the double-fold object as follows, they have taken mercury, which is the king of the mineral kingdom called otherwise Rasa, the essence or Harabhindu, the essence of the semen of Hara, who is the presiding deity among the Trinity of functionary deities of the universe which was taken to be of the order of male procreative agency, treated the same, changed the inherent nature in it, to stand the test of fire and melt it like a metal, and alkalize, the same to become assimilated into very tissues like salt, to enter and permeate into the very human cellular system. To exemplify whether this would change the body or not, the same on being administered to a baser metal melt in fire, should change the same to a higher and finer one or convert or transform into the superior metals of gold or silver. This was the theory and practice. Now, we can realize why this was called the science of Rasavada and why this has been kept a profound secret by all the mystics of the different nations of the earth, under different names in each country, by even the modern Rosicrucians.

The science of making gold or alchemy was promulgated to enable the ambitious soul who was called a Rishi to sustain himself and maintain his followers, retained for his own convenience, so that he may not beg, rather not waste his time in begging of men for his sustenance and support but utilize his time in the all-absorbing study of matter, soul, and universe.

To achieve this end many chemical philosophers who are called adept Siddhas have worked in Chemistry in diverse ways to the self-same goal, which is chiefly as follows :—In the following order, rising step by step from the next lower to the higher, namely, salt, calomel, talc or yellow arsenic, plumbago or graphite, makshikum or pyrite, (gold and copper), navaksharam or sulphate of ammonia, copper sulphate, gold, and, lastly, mercury, bind each in the order said above, rather transform its innate nature and alkalize each into caustic lime so that it may change mercury to their double-fold object of changing both metal and body ; and they have risen in making such medicines higher in potentiality, utility and intensity in its transforming power of one in ten, hundred, thousand, ten thousand, and so on until they made Spersa-vedi and Nada-vedi, which means that which changes by mere touch and sound respectively. And by assimilating such medicines in their physiques of transforming power internally, they were able to transform, by their mere command of breath and word. This was called their Sapa-Anugraha Sakti at which we may laugh as incredible in our grossest ignorance.

The other utility of binding the Rasa or mercury was towards their self-realizing end. It is thus performed. Firstly, by turning the unstable mercury into mobile viscid butter, then into immobile solid substance, melting the same and then adding by one after the other the essences, rather extracts in shape of metals taken out from each of the 211 things or substances of the mineral class, and then by the process of chemical reaction to liberate the same keeping to the original weight of mercury itself by reactionary agents. To create higher power and potential in the same was by repeating the above process of assimilation and liberation which was called the process of Jarana in Sanskrit and Saranai in Tamil. Repeating this a given number of times, as prescribed by them in their literature in this way, they are raising the potent powers of mercury. Then, lastly, they add equal amount of transformed gold, i e., gold itself converted to acquire the colour of the evening refulgent sun, which is given the technical name of gold-copper, and an equal amount of organic copper extracted from out of the insect or worm by the name of Bhoonaga, which, they say, takes its birth in and from lightning. This was called Rasa-Gulika or mercurial phallus, which they preserved with exceeding care like themselves with highest regard and sanctimony. Various Rishis, some of them, made only two and great many three of these phalli, one to be tied in the hand as positive pole and the other to be kept in the mouth as negative pole and the third to be tied in the waist, as support if any differential potency is produced, to help the Siddha in concentrating the monkey-like restless mind, rouse up, the Kundalini, from Muladhara through the Shadathara Chakras to Sahasrara Chakra until the internal vision becomes radiant as refulgent as thousand suns put together, make the whole body itself enmeshed and engulfed in this non-scorching fire, lit ablaze round the physique itself ; this was called the practice of Smadhi. This led him to the final beatitude of realizing and centering himself in this internal vision, which is said to be the final Anandamaya stage of becoming one with Sat-Chit-Ananda-Siva. There were twelve such mercurial phalli of extreme high power which were at the head of the minor thousand-eight kinds of the same. They are, namely,

Surabhi, Kamalini, Ashtama Siddhi, Akandaswarupi, Kāmadhenu, Bhogi, Santhani, Akshayi, Akasi, Vidayadipi, Sparsa-vedi and Nada-vedi. Each had its unique power, e.g., when Surabhi is put into or let down into the sea they allege that sea-water becomes cut asunder dried and parched up where this has been let down and when Kamalini is added to it, the water which has been cut in twain exposing the earth underneath becomes joined once more; thus the Siddhas declare they have recanted and redacted, from what is said in the Vedas, the whole knowledge of the macro-cosmic and micro-cosmic world. And how far we can realize from the Vedas of the above facts is the work of the versed Sanskrit great pandits and vain-titled Mahamaho Upathyayas, to explore the fields of old learning, find out from them what they say, after so much light is thrown out by me from this literature after a good amount of time. And to say after such conclusive evidence of such vast all-comprising literature that the ancient science of alchemy in India is s·ant such that it cannot be given the name of a literature as alleged by Dr. P. C. Ray, when such stupendous monumental evidence of an original kind which has not been cared for by any to explore, it will not only be simple folly but innate jealousy and impenetrable bias to give the credit to the Indo-Aryan, if done, by any foreigner. And in the same literature, it is said that once at a time the whole Asiatic continent was a Siddha Bhumi, peopled by Siddhas and Devas and that there were 64 such centres called mattams or siddhalayas, extending from above the Meru or the Himalayan table lands to the Asiatic Archipelago. Each such centre was presided over by a Swarupa Gnani, surrounded by his disciples, followers and laymen. Two presidential lodges, called mandalas, there were, one in the north of India at Kailas and the other in South India, called Agasthya Koota, presided over by Dakshinamoorthi or Agasthya Mahamuni. All the different Matathipathis of the other 62 mutts were to be passed and certified to as Siddhas in the south by Agasthya and in the north by Siva. In Kandahar there was the Gandharvananda Yogi, in the Chinese tableland, Kalangi, who may be their Confusius (in their language traditionally changed in pronunciation. Probably in the Indian continent there was Viswananda Yogi in Benares, Somavananda in Guzerat, etc., and there were too many such mutts of illustrious names and of their disciples also too many to mention. In the South Indian Archipelago, it is said by Konkana and Bhoga that there was a colony of Siva Ganas or followers of Siva to protect the five mercurial wells after a run of 6,000 yojanas in the midst of the ocean wherefrom the Siddhas are said to have obtained their indent and supply of mercury. This may be the present Bali Island where there are yet the dilapidated evidences of the Indian temples and architecture with the other relics of the ancient thought and Indian civilization. These Tamil Siddha authors say that each mutt or Asrama which was called a Siddha (A—Laya), Alaya, i.e., the abode of the Siddha until he attained his Laya, meaning absorption, and had its own Sastras compiled for the use of their own heads and disciples. The prominent among both the Kailasa and Srimula Paramparas say that each have left complete records with keys to their litarature and cult with humane intention, so that others may follow and avail themselves of the advantage offered by them towards their beatific end. Two such keys, extant books, available to us are of the compilation of Sattainatha Mahamuni and Bhoga Rishi. They allude to the following who have left records before themselves, namely, that Nandideva and Sankara Mahamuni have written in Sanskrit Chandas, in very difficult abstruse enigmatic diction, and language incapable of being understood and of no use to the laity, but to the disciples trained in their traditions, ways and arts in their own mutts, and that Vemanna, in Telugu, has said, the exact meaning and import of his words are incapable of being understood. Bhoga has given equivalent Sanskrit names also in his key. Goraksha, Mathsya, Agasthya, Pathanjali, Kasayapa, Sivayogi, Gowthama, Sri Mula, Sivavakya, Roma, etc., all these have been very ably dealt with, but in a mazy mnemonical language not capable of being understood by ordinary men. Some of these and prominently Agasthya, Roma, and Thanvanthari have combined the. Thantrika art also in this literature, which has to be taken its later-day sense, and not original. The import of the word Thanthara in their books seems to be different from what we understand nowadays. In Tamil, Thanthra means one's own capability. In Sanskrit, the root sense is that which protects the body which is called Thanu, when the knowledge of organic and inorganic Chemistry became combined in one man, the chemist under the combined category became a deft man and adept. Such Siddha accomplished his aim very deftly and successfully, hence the chemical sense of the word became misapplied in the absence of doing a thing without capacity and not deftly doing, meant black magic as not having understood the applicability of the means employed. In wrongly construing, it has been all over the world all the same throughout the different ages.

At the same time the men who have said to have written plainly are Pathanjali Mahamoorthi, Sundarananda and Mayooranantha Yogis whose works are not obtainable now, and all the above-said authors unanimously say that Nandideva, Sanaka, Sanandana, Sanathkumara, Sivayoga Mahamuni, Pathanjali, Vyaghrapatha and Janaka were all their elders and anteriors. The various heads of the mutts had their phalli for themselves for their treble-fold object of Samathi Yoga, transforming and satisfying every requisites also, namely, the very many things brought in contact through the rays from these phali within a prescribed radiu s were being electrified and transformed which was observed in their daily pujas as naivedyas. (Compare the effects of radium rays in charging other metals). They have made chemically potent and refulgent vigrahas or idols capable of giving Kaya-siddhi power for their followers and laity out of the transformed metals and mercury and left them in the pososession of their disciples, that they themselves were to be left undisturbed in their meditative work. Hence they were called

by other surrounding nations in the absence of their real knowledge about the Indian and Asiatic nations that the Indian was a phallus worshipper and that their followers have become idolators and the old siddhalayas have become alayas or temples all over the continent.

From the same literature, we can deduce in the same fashion an explanation for very many intricate questions of nowadays, as to why we came down to be idolators from the world-old Nirguna worship, why at a time when the Indian, rather Asiatic, civilization was at its zenith and why the pick of the nation was sacrificed at the old battle-fields, one in Ceylon and the other in Kurukshetra as per Ramayana and Mahabharatha, and why there were so many invasions over India from the west from the time of the great Alexander to the innumerable Muhammadan invasions and to the division and subdivision of this universe and many such universes under various planatory systems and to the twelve such solar divisions which would not allow me to discuss in detail here. In their category the universe comprised of the five bhuthas, all put together, was called an Akanda, meaning that which cannot be split, hence derivatively broad and expansive. The imperceptible, impersonal, unknowable, untouchable abstract essence which underlies, pervades, permeates, co-exists and co-evalent something in all the five comprised bhuthas, was called the universal spirit; and they say that there are thousand-eight such Akandas called together by name a Brahmanda and 254 such Brahmandas together called a Bhuvana, and 84 such Bhuvanas called a Padham; the presiding deity over such Padham is the Parasakti. This deity is represented in the microcosim of man as internal vision in him, and in the macro-cosam as Sukla or Sukra and the broad expense of Akasa, Chaos, or Soonya in the universe is called the open space of Siva, or Sadasiva. As the creation is evolved and subdivided, we find in man his Thathwams are divided and subdivided, as a collaborate evidence that the man is created after the model of the universe. From this we see that God is an impersonal being to be found nowhere else but in the man's abstract thinking and realizing of Him within oneself and in the expansive universe to be joined as Athma Dhrishti with the universal light. That above man no other creation exists and in him the model of God is impressed and imbedded and the Anandamaya stage of the Gnani is only the end and aim of man, i.e., the Nirvana Goal of the Buddha; but when man arrogates the power of God to himself like the old Hiranya, he has to be extirpated for his un-Godliness in the interests of and well-being of the world and human society: the Samaya Acharayas have shaped the Nirguna religion of the olden days to the improving of, and enlargement of the society, of different ages to suit the convenience of the members as per their determined principles of culture.

Passing over all these I give below as examples and samples, some recipes from the ancient Chemistry as regards the treatment of minerals, acids, mercury and alchemy, by the adept Siddha and the efficacy by all the above, and I conclude with an earnest appeal to the world at large and to its learned great in particular and to the scientific public with an emphasis and at last to the specious humane Government as interested professedly in the Indian's advancement, yearningly to facilitate my future labour in completing my pursuit, carried up to now unaided and single-handed, to produce a comprehensive critical history of this ancient fountain-head of knowledge, which I have pursued, *for its own sake unproductively to myself,* so that many more may follow me to continue in my line to the exposition and realization as bearing on the various other branches of the learning of the present day.

Chemistry.

(1) Take Rock Salt and bind it with the help of two other salts, which, in its turn, will bind each of the following things in its next order of succession below :—Orax, Alum, Potassium Chloride, Sulphate of Ammonia, Corrosive Sublimate, Sulphate of Mercury, Yellow Arsenic, Sulphur, Pirite of Gold, and Gold.

(2) Bind and alkalize Rock Salt, and do the same with regard to each of the following in succession, one with the help of the next above, namely, Potassium Chloride, Sulphate of Ammonia, Borax, Camphor, Sulphate of Copper, Calomel, Yellow Arsenic, Corrosive Sublimate, Meriury, Gold Pirite, and this will become a boat to cross the alchemical sea.

(3) *Acids*—

(*a*) *Lohadravaka*—

(i)	Roasted Copper Sulphate	10	weights.
(ii)	Bound Potassium Chloride	10	,,
(iii)	Do. Carbonate of Soda	20	,,
(iv)	Do. Alum	10	,,
(v)	Do. Sulphate of Ammonia	5	,,
	Total	55	,,

Divide the above into five parts, extract acid from the first part and pour the first acid over the second part, dry it in the sun, extract acid in the same fashion, and by repeating the same five times over, take the concentrated acid of the fifth time, and keep it in lac bottles, lest it should corrode or eat away any other bottle. In this acid any mineral, metal, etc., even the mountain will become soluble, any uparasa will give its metallic shape of extract if melt, serviceable for the purpose of Jarana for mercury, which will lead you to the final beatitude.

(*b*) ***Mahadravaka***—

(i) Roast Copper Sulphate	... ...	14 parts.
(ii) Potassium Chloride	... ...	28 „
(iii) Bicarbonate of Soda	... ...	84 „
(iv) Corrosive Sublimate	... ...	4 „
(v) Ammonia Sulphate	... ...	8 „
(vi) Alkali of Apamarga	... ...	2 „
(vii) Alum	... ...	8 „
	Total ...	148 „

Powder the whole, mix, roast, and fry the same with the above-said Lohadravaka and dry the same in the sun and divide it into seven parts and extract acids as described above by pouring the acid of the previous distillation over the succeeding part and thus concentrating the same by repeating the process seven times, keep the same in lac bottles. This extraction process of this acid cannot be done by an ordinary man but by one who has attained the Kaya-siddhi, if not the ordinary man's body will become split up. Administer one drop of the same to a viss or three and one-third pound of mercury, it will become expanded into ashes of lime. With $\frac{1}{64}$th part of it you can alkalize any metal and fuse any uparasa, and this mercury ash will swoon hundred times as much more mercury to be made into phalli.

(*c*) With this concentrated acid above, sulphuric acid and acid from the corrosive sublimate is extracted, which is not capable of being done by any ordinary man without Kaya-siddhi.

(12)

M.R.Ry. PANDIT K. SESHA AYYAR Avargal.

Q. 1. I beg to submit that I propose to deal with Ayurveda or the Hindu System of Medical Science. The Unani system is, in my opinion, very much indebted to the Ayurvedic Medical Science in so far as a great portion of the drugs and the principles of treatment are concerned. The Siddha system is nothing but the development of Ayurveda in a particular branch of the science. It has for its basis the Tantras, i.e., works on Iatro-Chemistry, Magic and Alchemy, etc. Our renewed countryman, Dr. P. C. Ray, has given a clear exposition of these works in his "History of Hindu Chemistry."

Now, Ayurveda or the Hindu system of Medical Science is divided into two main parts :—

(1) Prophylactic or preventive, and

(2) Curative.

The former comprises of instructions as to how one should conduct oneself during the day, the night, the seasons of the year, the different stages in life, etc., so as to become immune from the probable attacks of diseases and contain good many injunctions on the personal hygiene and the general sanitation. The ancients, by a strict adherence to these instructions, lived to a remarkable old age and enjoyed longevity. The second part treats of the various diseases that the human flesh is victim to and their treatment; and it comprises of the following eight divisions :—

(1) *Shalya.*—Surgery.

(2) *Shalakya.*—That division of the science which treats of diseases pertaining to the organs above the neck, viz., eyes, ears, nose, etc. ; so called because the Shalaka or the probe being used in their treatment.

(3) *Kaya Chikitsa.*—The division which treats of constitutional diseases, such as fevers, diarrhœa, bronchitis, phtsis, etc.

(4) *Kaumara Bhritya.*—The division which treats of the diseases of children, women in pregnancy and after parturition.

(5) *Bhuta Vidya.*—The division of the science which treats of diseases brought on by the influence of super-physical agencies.

(6) *Agadatantra.*—The division which treats of poisons and their antidotes.

(7) *Rasayana.*—That portion which treats of remedies for rejuvenating the worn-out bodily tissues and for preventing the effects of age on the system. And, lastly,

(8) *Vajeekarana.*—That portion which treats of remedies which restore the impaired and dissipated virile power.

Q. 2. (*a*) Ayurveda postulates three fundamental forces in the economy of the human system called technically vayu, pittam and kapha. If these work in perfect harmony, they will be responsible for the health, strength and longevity of the system. These are then termed the Thri-dhatus of the system—*Dhatavodeha Dharanat* Sarangadhara. But, when the harmony of these fundamental vital forces is disturbed by some causes, external or internal, they will undergo a complete change and instead of continuing to be the preservers of the bodily system they will be transformed into *doshas* or the morbifit diathesis, the root cause of all bodily and mental diseases. *Sarira Dhushanat dosho* Sarangadhara. These doshas taking hold of any one or more of the seven bodily constituents (rasa rakta, etc.) vitiate the latter and bring on various kinds of diseases by generating morbid accumulation in the system. These are then called ***Malaha Malinikaranam malaha*** Sarangadhara.

The causes that would tend to disturb the harmony of the said *Thri-dhatu* are summed up in the following works of the Charaka Samhita :—

Kalabudhindriyarthanam mithyayoganachaticha dwayasrayanam vyadhinam thrividhohetu-sangraha.

Adverse, absence and excess indulgence of one with respect to one's (1) *Kala* (seasons of the year as well as stages in life), (2) *Bhuddhi* (mind and intellect) and (3) *Indriyarthanam* (pursuits of the sense-organs) are the three-fold causes of diseases, mental and *physical.*

These causes are internal. External causes, i.e., injuries, accidents, etc., bring on disharmony in the working of the fundamental vital forces and hence produce disease and pain. In other words, even traumatic causes become idiopathic. Yet one more cause Ayurveda recognizes, and this is *Karma-vipaka*—the result of the dynamic action of one's previous births which determines one's heredity and environments in the present birth.

To sum up, the theory of causation of diseases according to Ayurveda is three-fold.—(1) The result of the dynamic action of one's previous births, (2) injuries and accidents sustained by the body, and (3) the *irregulxr habits that one practises with respect to time, mind and pursuits of sense-organs.* These produce disharmony in the harmonious working of the three fundamental vital forces and bring on all diseases.

As regards the first of these causes, how can we account for the disparity in the temperament and bodily formation of numerous children that are born into the world ? It is no fault of theirs and it looks as though they were particularly chosen by the whim of the deity or by chance. But the idea that God is whimsical is quite repugnant and revolting to all religious notions worthy of the name ; and science tells us that there is no such thing as chance in the universe. The only other explanation that holds good, until at least it is proved to the contrary, is that enunciated above, i.e., the result of the dynamic action of previous births. Modern science may not admit this theory on the ground of want of direct proof, but we hold that this theory is promulgated by the Rishis whose interior nature was fully unfolded and who had gradually passed on to the realm of intuition or direct cognition, with no other object than the love of truth and compassion to their fellow beings. Modern science, however, in its rapid strides of progress, is bound to reach this stage as time advances, as is evidenced by the " New Thought " and similar movements that have begun to appear in America and in Europe ; then the ancient truths of Ayurveda will receive corroboration from their investigations. As to the second of the causes, according to Ayurveda, traumatic causes become idiopathic that is, even external injuries caused to the body, when sufficiently deep, affect one or more of the fundamental forces and disturb their harmonious working. Hence it is necessary that, even in surgical cases, the harmony of the fundamental forces should be maintained by the administration of some internal remedies, so that a speedy cure might be effected. As regards the last cause, Ayurveda affirms that the correct and moderate functioning of the mind and the sense organs with due regard to the seasons of the year and the stages of life, is the only cause for preserving the perfect harmony of the fundamental forces, which result in maintaining a sound body and a sound mind (*Sammyek Yogastu Vigneyo Arogyasya Eka Karanam*—Vagbhata). It is observed, therefore, that the key-note of the Ayurvedic physicians in the causation of diseases is the disturbed harmony of the fundamental vital forces of the body, i.e., the Threedhatus of Vayu, Pitham and Khapa.

As regards this hypothetical theory of the Threedhatus, the ayurvedic Rishis have proceeded in the analogy of the universe. " Man is a miniature world in himself and as in the Macrocosm so in the Microcosm." In the universe, we observe three factors working in harmony—Wind (including electricity and magnetism) Heat and Humidity. By harmonious working of these factors, the integrity of the universe is preserved and when their harmony is disturbed the universe will go to rack and ruin.

The same factors when translated to the human body will become the Threedhatus of the Ayurvedic physicians. If they work harmoniously they will regulate and control the functions of the organism to a physiological effect but the moment their harmony is disturbed they will be converted into pathological disorder, the Morbific Diatheses in the body. This theory embraces within its compass all the existing theories of modern science on disease and even transcends them in many respects. The fact is the view point of the Ayurvedic physicians is entirely different from that of the modern Western doctors. To the latter, the field of investigation is only matter of which the physical body is constituted ; whereas to the former, it is *Life* which animates every particle of that body. All investigations and discoveries of the Ayurvedic physicians are made in so far as the external forces have a bearing on that life principle. Ayurveda is, therefore, as the term itself connotes, " The Science of Life." The science to which all other sciences, viz., Biology, Physiology, Anatomy, Surgery, Chemistry, Botany, etc., are related in so far as they have their bearing on that life and not beyond it. It is in the fitness of things that our great scientist Dr. J. C. Bose should lead the way to investigations and researches into the domain of life ; and it is hoped that the ancient theory of Ayurveda will receive support by his investigations.

(*b*) The key-note of the causation of all diseases, that vicitimise the human body is as said above, the disturbed harmony of the Threedhatus either severally or concertedly. Whenever this happens, the body manifests some physiological and pathological changes or symptoms, characteristic of one or other of the particular disturbed dhatus. The physician is, therefore, enjoined to know which particular dhatu or dhatus are affected and what changes, it or they

have wrought on the system, by careful observations of the different bodily organs and excretions, by examination by contact and by enquiry; *Dharsana*, *Sparsana*, *Prasna*, *Parikshetacha*, *Roghinam* "—Madhava Nidhan, and the following facts are to be noted in relation to disease: (1) Etiology, (2) Incubatory symptoms, (3) Developed symptoms, (4) Previous treatment and its results, (5) The present stage. "*Rognacha nidana*, *Progrupa*, *rupa*, *Upasaya*, *Sampraptibihi*"—Madhva Nidhan. Three stages are differentiated in the career of a disease having regard its deep-seated nature or otherwise—(1) Easily curable, (2) Difficult of cure or suppressible, and (3) Incurable. Again by observing and noting some peculiar symptoms that the life manifests, symptoms called *Arishta Lakhanam*, it is possible to prognasticate the probable, if not the exact, moment of death of the patient. Besides the above, Sphygmology or the science of the pulse has been elaborated and adopted as a method of diagnosing and prognosing the disease. There are several treatises on this science, chief among them being Kanada's "*Nadi Vignana*" and Ravana's *Nadi Pariksha*. As this is an abstruse science in which intuitive faculty of the physician is brought to play more than his reasoning, nothing more could be said of this here.

These are, in short the methods adopted by the Ayurvedic physicians diagnosing as well as prognosing a disease.

The principle involved in the treatment of diseases according to Ayurveda is a restoration to harmony, of the disturbed fundamental vital principles of Vayu, Pitha and Khapa; in other words, the following of the rational law of "Vis., Medicatrix Naturae." In contradistinction to "Contraria Contrariis Curantor" and "Similis Similibus Curantor." In the short compass, it would be quite impossible to do adequate justice to all the methods of treatment both surgical and therapeutical, enjoyed and practised by the Ayurveda. A short synopsis, however, will be attempted in the following lines: First, surgical operations are under the following heads: (1) *Chedana*—Excision, (2) *Bhedana*—Opening namely abscess, 3. *Dharana*—Bursting by medical applications, (4) *Lekhana*—Scraping, (5) *Aharana* extracting, (6) *Eshena*—Probing, (7) *Vyadhana*—Puncturing (opening a vein) (8) *Vidravana*—Including discharge, (9) *Seevana*—Sewing, (10) *Sandhani*—Helping re-union or adhesion of fractures etc. (11) *Peedana*—Pressing, (12) *Shonita Astaphana*—Arrest of bleeding,(13) *Nirvapana*--Cooling application, (14) *Utkarika* and *Upanaha*--Massive poultices, *Kashaya*—Washing with decoctions, *Varti*—Lint or plugging, *Avachurnana*—Dusting with medical powders. *Vranadhupana*—Fumigation of an ulcer, *Utsadhana*-–Raising of the margins or bed of an ulcer, *Avasadhana*—Destruction of excess granulation, *Rakta Shravana*—Blood letting, *Ksharakarma*—application of caustics, *Agni karma*—Cauterisation, *Roma Sanjanana*—Bringing on a growth of hair and *Romapaharana*—Depilation and as regard therapeutical methods, two methods are followed in giving effect to the above principles—one is *Samshamana*, *i.e.*, neutralising the morbid matters by the aid of medicines and the other is *Samsodhana*, *i.e.*, eliminating the morbidity by purificatory processes of emetics, purgatives and enemas and injections Khapa is subjugated by emetics; pitham by purgatives and vayu by enemas and injections; and the concerted actions of the doshas by a combination of these methods. Besides these fasting or low diet, plastering, *Parisheka*—praying; *Abhyanga*—Snointing, *Swedh*, Diaphorsis; Massage, Errhines, Snuffing, *Kavaladharana*—Gargling; *Dhuma*—Fumigation; and Urithral and Vaginal injections (Uttaravasti) are other methods that should be adopted in diseases which admit of such resources. Dietetics and nursing have been recognized as factors of supreme importance in the treatment of diseases. No less emphasis is laid on the antiseptic and hygienic measures in all treatments. Besides these, in *Karma Vipaka* type of diseases, in mental distempers and in the type of ailments brought on by super physical agencies, prayer, worship, ceremonies and other propitiatory means are recommended.

"*Janmantara kritam papam vyadhi rupena pidyathe, Tatsanthir oushadhair danir japa homa sura rchanihi.*"

With such broad based and sound principles of treatment, as are inculcated by Ayurveda, what wonder is there that the cures are remarkably efficacious? Notwithstanding the apathy of the State and the public, the very fact that it is making a head-way in this country is proof positive of its inherent vitality. Even in the city of Madras, its activities are enormous. In the two institutions maintained by some philanthropic gentlemen at Mylapore and Triplicane according to the latest report 27,343 and 160,466 cases have been treated respectively. In the latter, the average daily attendance works up to 440 heads. If the scope and the resources of these dispensaries are widened, more usefulness could undoubtedly result therefrom.

(c) Yes: In chronic condition of many diseases and particularly in such diseases as are peculiar to this tropical climate such as Vata-Rakta, Ajirna, Grahini, Rakta-Pitha, Kusta, etc., the treatment according to the indigenous system is found to be more efficacious. This is evidenced by the comparatively large number of chronic nature of diseases and of invalids in the land rendered so by having obtained treatment by the other systems on the one hand, and that these have been in many cases successfully treated and restored to their normal healthy condition by the indigenous systems, under competent physicians on the other, are facts of everyday occurrence that one comes across. Impartial and unbiassed eminent English and American doctors have also spoken to this very effect and it is needless to increase the bulk of this memorandum by quoting them here.

Q. 3 (a) Yes; I am directly connected with an institution called the Ayurvedic Pharmacy providing medical relief on indigenous lines in the Basavanagudi Extension, Bangalore City, being the proprietor and physician in charge thereof.

(*b*) I do not consider the existing institutions of indigenous systems are satisfactory on both the counts referred to in the question. In the first place the existing institutions are not properly equipped with the necessary medicines for all the ailments. In many cases, specific drugs cannot be had at all, since the practitioners have to depend for their crude drugs on the local vendors, who have little or no personal knowledge of many of them. In the generality of cases, the practitioners too, fare no better in respect of a personal knowledge of drugs. To remedy this, I would propose that in every district, drug gardens must be planted, where good many of the herbs and trees of medicinal value could be grown and their parts utilized in the medicines. In all existing municipal parks and gardens, arrangements should be made to plant indigenous herbs, shrubs and trees of medicinal value, wherever possible, and their local vernacular, Sanskrit and Botanical names mentioned on a ticket attached to each of them. Proper agencies should be appointed to get good and fresh drugs from the different parts, where they can be procured in plenty. In this way all the drugs of the Ayurvedic Pharmacopœia may be made available for the practitioners at a little or no cost. Secondly Medical Science being pre-eminently a practical science, no better means of imparting instructions to the students could be conceived of, than the bed-side of a patient. It is therefore absolutely necessary that every institution should have attached to it, a dispensary or a hospital with provision for in-patient wards, so that the students might learn first-hand, the nature of the disease and the method of treatment.

(*c*) No. To begin which I would propose that every district headquarters should have a dispensary and an hospital together with an institution to impart medical instruction on indigenous lines. Later on, whenever opportunities occur dispensaries may be established in the various taluks of which the district comprises.

Most emphatically Yes. The Unani and Tibbi College at Delhi, the Ayurvedic institutions in Bombay, Calcutta and Madras may be enlarged so as to give facilities for the students on all the points mentioned above.

It is not at all too high but a thing indispensable to work out immediately to bring any tangible good both to the public and to the indigenous systems.

I do not subscribe to the view of the Calcutta University Commission. As indicated above, the view point and the method of treatment of the indigenous systems are quite different from those of the other systems and it is therefore impossible that the first would merge into the other for this reason. But each could materially profit itself by a comparative study of other systems and by understanding them with an open mind and with the spirit of inquiry and learning. For instance, some of the principles and theories enunciated by Ayurveda, if considered dispassionately might throw a flood of light on the knotty and baffling problems of the origin, growth and successful treatment of many of the diseases peculiar to tropical countries. The researches and the accumulated experience of the ancient physicians and surgeons of India and the East, as recorded in the standard works of the respective sciences have a unique value of their own and will prove a great acquisition to the medical knowledge of the world if correctly understood.

Q. 6. For the exclusive study of the indigenous systems of medicines, the curriculam referred to, may not be necessary at all. There is, however, no harm if one does study them ; such study will only enlarge one's knowledge with regard to the details and may also assist in the clearer understanding of the general principles enunciated by Ayurveda. In addition to the study of the standard medical works of the indigenous systems, a study of such sciences as have a direct bearing on life may be found necessary such sciences as Astronomy, Astrology, Psychology Hypnotism and Mental-healing, Botany, Natural Science ; etc.

(*a*) I would think that three years (two years' study and one year's practical training) are quite sufficient for students of Hindu medicine to become competent to practice the same. Honorary degrees of higher standards may be conferred on them from time to time in recognition of their work and independent researches in the field.

(*b*) Each student should possess preliminary educational qualifications of the sixth standard in Sanskrit and his own vernacular and the optional qualifications of sixth form or Secondary School-Leaving Certificate, in English language.

(*c*) The medium of instruction should be in the student's own vernacular.

Q. 7. I beg to submit that medical registration is quite necessary even to the indigenous systems of medicine. The practice of medicine without proper knowledge of the science is deprecated in very strong terms in the Sastras and the King is advised to inflict heavy punishment on those who administer medicines without sufficient knowledge. The medical science being a practical science, it is hoped that due consideration will be paid, while extending the Registration Act, to the practical experience and reputation one has earned for one's self during long practice.

(*a*) With regard to the formation of the Medical Registration Board in question, my humble opinion is that in every district headquarters, one such board to be formed consisting of the District Collector and three non-official local leading gentlemen, who will be acquainted with the particular individual to be registered and his capabilities, etc. When application for registration is received by the Board, the applicant shall be asked to present himself in person and testify to his practical as well as theoretical knowledge in his profession. In addition to his theoretical knowledge, it would be better that one or two years practical training as junior under a renown and experienced physician be made a condition for admission as a registered practitioner, if the applicant has not received instruction in any recognized institution.

Q. 8. The cost of treatment according to the indigenous systems is or must be decidedly less than the alien systems for obvious reasons. First, the unlimited resources of getting the indigenous drugs used in the preparation of the medicines could be procured at a small cost, many herbs and roots being procured from the jungles and fields at the mere cost of collection. The preparation of medicines does not involve much expense by way of purchasing special apparatus and technical labour. The former consists of some metal and stone and earthware apparatus, which could be locally got and some crude glass bottles and retorts; the physician himself will supply the necessary expert knowledge, manual labour alone being hired for getting the drugs pounded or ground as the case may be and this could be had at not a considerable cost. The dietery prescribed will not be of a costly nature involving the use of bottled foods, etc., coming out from foreign countries; but they consist of simple and wholesome preparations directed to be prepared in the home. In the indigenous system, since the attending physician plys the role of apothecary, compounder and a druggist himself, the patient has not got to pay for the medicines and the doctor's fees separately, as is the case in the alien systems. In many cases, according to the ancient usage, the physician will be rewarded only after the patient is cured, in accordance with the abilities and the financial status of the latter. If the treatment be not successful, the physician should have to go in many cases, not only without his fees, but even without the cost of his medicines. Unlike the too exacting and rigid methods of the alien systems, the indigenous methods are and should be humane, sympathetic and adopted to the condition of the patient in the matter of charges, if followed strictly in accordance with the ancient usages.

It should not, however, be denied that there are costly medicines in the Ayurvedic Pharmacopoeia, these are intended for rich and royal personages who could afford to pay for them. These involve the composition of such costly drugs as gold, silver, amber, musk, pearls, mercury, etc., and necessarily the cost of such medicines must be great. Even here, taking into consideration the small dosage in which such medicines are prescribed, and their absolute freshness for a long time to come, these so-called costly medicines will prove cheaper in the long run. For these reasons, I submit, the indigenous methods of treatment must be cheaper than the alien systems.

Q. 9. The causes for the decay of the indigenous systems are, in my opinion, threefold: (1) The utter neglect if not positive discouraging, of the indigenous systems by the State on the one hand, side by side with its unqualified support and favour to the alien systems, by founding and encouraging to found dispensaries and hospitals after these latter, wherever possible and necessary, on the other; (2) The unmerited and unjust prejudice against these indigenous systems, cherished by the educated classes and aristocracy of the land and their apathy and luke-warmnest towards attempts made to revive them; (3) Want of adaptability on the part of the practitioners of the indigenous systems to suit themselves to the changed conditions and environments.

The State should change its angle of vision towards the indigenous systems and to give thereto, its entire support and encouragement. Secondly, the Indian Aristocracy and the educated classes should know that the indigenous systems of medicine are at least as good as, any foreign system, by judging them on their merits only. Thirdly, the practitioners of the indigenous systems should conduct themselves in such a way as to enable all educated and cultured people in the land to understand that the indigenous systems have their intrinsic and genuine value, in bringing relief to the suffering humanity and that it is but just and patriotic to lend support and encouragement to these indigenous systems. By these means a revival may be effected of the indigenous system in the land.

Suggestions for the revival.—Now, the medical portfolio being in the hands of the Indian Minister, opportunities should be given whenever and wherever possible for the opening of the Ayurvedic dispensaries, in several districts and taluks in the Presidency. A Training College with proper equipment and manned by competent physicians from Upper India should be opened in the Capital of the Presidency as well as in two or more other centres for producing efficient and capable men both in theory and practice; in short all facilities should be given for proper instruction to be imparted to the students. Equal status should be given to the practitioners of the indigenous systems side by side with those of the alien systems.

Q. 10. (*a*) The State could foster and promote the indigenous systems by (1) establishing several hospitals and dispensaries in different centres in preference to the allopathic dispensaries and eark-mark a portion of the budget estimate for medical relief, to their up-keep; to recognize the merits of Ayurvedic physicians; to give equal opportunities to them to show forth their ability and skill and to give equal status to them along with physicians of the other system.

(*b*) The Local Board also should try to found as many dispensaries as they can of the indigenous system and set apart a portion of the revenue or cess for this purpose.

(*c*) The University should found a chair for the indigenous systems of medicine in the faculty of medicine and employ distinguished physicians to give or to deliver University Extension Lectures from time to time. The University should also make provision for and encourage researches in the said systems on their own lines.

(*d*) *Private agencies.*—All charitable and philanthropic gentlemen should be encouraged to found dispensaries and hospitals of the indigenous systems and landed and other endowments should be made for their up-keep. Zamindars and rich people should be encouraged to get important and renowned sastric remedies prepared by the distinguished physicians of their land.

so that such medicines may be freely distributed by them along their tenants, towns-people, etc. Portion of the savings of renowned temples, such as Tirupati, may be utilized for establishing Ayurvedic hospitals, dispensaries and schools, within the provinces where such temples exist.

(13)

M.R.Ry. Rao Bahadur A. KRISHNASWAMI AYYAR Avargal, B.A.

The majority of people who have not received English Education and not yet conceived a disregard for things old may be said to take advantage of Ayurvedic medicine more than those who have received such education. The spread of Ayurvedic treatment will be beneficial to them. It will prove beneficial to others too when in course of time under proper support and with proper practitioners its merit and usefulness come to be recognized. At present for want of proper Ayurvedic aid people naturally resort to Allopathic hospitals and dispensaries. In Travancore where Government has established Ayurvedic dispensaries a large number of people are, it is understood, taking advantage of them.

2. The Ayurvedic system does not require revision. Ayurveda finds a place in one of the four Vedas of the Hindus which are admitted to be of great antiquity. Agnivesha and other Rishis wrote later treatises in Sanskrit. While Sanskrit learning became confined to Brahmanas and Brahmanas came to consider the profession of a physician as unsuitable to their priestly avocation the study of the books on medicine became very much limited. Gradually without any knowledge of the books, practitioners, on traditional experience only came into existence. From the time of the advent of the British Government and the establishment of Allopathic hospitals and dispensaries Ayurveda has lost ground. In the present day there are very few practitioners who have gone through a regular course of Ayurvedic study and training. Impartial and competent investigators like Captain Srinivasamurti of the Madras Ayurvedic and Unani Medical Committee and gentlemen like Messrs. Gananath Sen and Yamini Bhushan Roy and others who have taken English Medical degrees and are Ayurvedic practitioners will be able to state the case of Ayurveda in English properly and compare it with the Allopathic system in respect of the merits of each as a science. Among other opinions I give mine for what it may be worth on some of the points on which it is asked for.

3. As regards the Ayurvedic theory of Vatha, Pitha, and Khapa in the causation of diseases, I wish to say a few words. One school of thinkers on the theory of the creation of the world believe in a Soul (Purusha) and Primordial matter (Prakriti-Avyaktha unmanifested) which moves and evolves the worlds being acted on by the presence of the former and they believe in the latter possessing three *gunas*—properties called Sathva, Rajas and Thamas, which appear in all created objects—what exists in the cause exists in the effects. The Ayurvedic theory as regards the human body is that it is composed of the same matter, the Pancha Bhutas, as the outside world and that it comes into existence under the action of certain forces named in Sanskrit, Vatha, Pitha and Khapa, from parents after parents, the marked influence of each being at birth, existence during life and death respectively. In their causal condition they operate as forces. They may be said to first manifest themselves as Vitality, Warmth and Cold in the body and in concrete form as vital element in the air, oxygen gas (Vatha), bile, gastric and other juices, mucus, etc., secretions (Pitha and Khapa). They regulate the conditions of gaseous, liquid and solid matter in the body. Vatha is said to enable all movements in the body to be effected and Pitha and Khapa to enable certain organs and secretions to effect digestion and certain other functions and under the action of the three forces takes place the transformation of food from stage to stage into chyle, blood, flesh, bone, etc. What are called natural functions of the organs and secretions by the materialist are considered as the result of the action of certain forces—Sakthis or powers, by the Ayurvedin who believes in a supernatural power. The normal condition of Vatha, Pitha and Khapa in the body is health. A disturbance in it is disease. People are born with different constitutions and temperaments classed broadly as Vatha prakrithi, Pitha prakrithi and Khapa prakrithi which may be said to correspond to what are called Nervous, Bilious and Phlegmatic constitutions. Their mental qualities generally differ accordingly. The susceptibilities to disease and to treatment generally differ accordingly. Each disease is classed according to symptoms grouped under each of the three classes Vatha, Pitha and Khapa. The treatment therefor and the receipes are also similarly classed. The medical properties of each drug are described in the same manner. The Therapeutics of each in so far as its action on the human body is concerned is also described. The methods of cleansing and curing the body of any ailment are also classed in the same manner under Vatha, Pitha and Khapa. For cleansing (Sodhana) enemà is prescribed for Vatha Dosha (located principally in the intestines) purgatives for Pitha dosham (located principally in the liver) and Emetics for Khapa dosha (in the stomach).

The theory of the first cause of diseases may vary according to each different school of thought in the same way as the theory of the creation of the world. One school does not ordinarily accept the view of a different school and it is not unnatural that the Allopath does not accept the Ayurvedic theory and he finds it easy to reject it by calling it unscientific. Vatha, Pitha and Khapa as causal forces would seem to have a deep significance. We have to note the forces controlling the creation (evolution), preservation and destruction of the world and in the human body, birth, life and death. The systole and diastole and pause of the heart and the inspiration, expiration and pause of the lungs would seem to indicate a correspondence. In regard to the mind we have the waking state (under the action of Vatha) Dream (under the

action of Pittha) and sleep (under Khapa). To those who choose to reject Ayurveda as unscientific because they do not accept the distinction Vatha, Pittha and Kapha, these not being demonstrable to the eye it may be said that reputed authorities have written that all medicine is guess-work, that the Allopath has not said yet his last word about his theory of causation of diseases and that if we ignore the theory of causation in Ayurveda and the terms Vatha, Pittha and Kapha, we yet find a highly systematized, logically consistent and practically working classification under the heads termed Vatha, Pittha and Kapha. Assuming the distinction to be a hypothesis we find it well answers for the rational treatment of diseases. The Ayurvedin considers that the treatment by an Allopath is for symptoms only as and when they exhibit themselves without the common cause of them being understood in cases of chronic illness specially. The classification under Vatha, Pittha, and Kapha of diseases is only a classification in brief (Dosha Sangraha) but really the number is very large owing to the combination of any two of these Doshas or all the three combined and in differing degrees of intensity of each in each case of illness. The brief classification of the symptoms grouped, the diagnosis, the methods of treatment, the receipes, the properties of drugs, the diet, the habits of life, etc., under these three heads enables the Ayurvedic physician to treat rationally all diseases in which the symptoms described under the three heads appear severally or in combination. The hypothesis is a rational and practically working hypothesis and it will be a great service to humanity to revive a large body of very valuable treatments collected from the experience of long ages without rejecting it because of the *ipse dixit* of persons interested in opposing the same.

To revive Ayurvedic treatment the aid of Government and the public is necessary. An Ayurvedic Medical College, a hospital and half a dozen dispensaries should be established in each province to start with. For an Ayurvedic practitioner to succeed in his practice and for his system to thrive it is necessary that he should know English and be able to explain to English-educated patients their illness in English and in the language of Physiology, Anatomy with which they are generally acquainted. Without the help and sympathy of the English educated public in whose hands power and influence lie his cause cannot succeed. I am of opinion that students educated up to the Intermediate or the Bachelor of Arts course in English and possessing a fair knowledge of Sanskrit should be admitted as students in the Ayurvedic College. If students knowing both English and Sanskrit be not forthcoming we may have to give two years Sanskrit teaching to the students passed in English and admit them. They should study Ayurveda for three years. They should then be admitted in an English Medical College and study in it for two years according to a special curriculum for them attending at dissections and operations. They should study physiology and anatomy and the elements of modern physical science. The general culture derivable from a study of these is essential. After thus completing the college course the student should undergo practical training for one year under a trained physician in an Ayurvedic hospital. He may thereafter be considered to be qualified to practise as an Ayurvedic physician.

For a college two teachers on a salary of Rs. 150 to Rs. 200 per mensem each may be necessary at starting. For the students a scholarship of Rs. 50 to Rs. 100 per mensem each according to qualifications may be necessary. For a hospital two physicians on a salary of Rs. 150 to Rs. 200 per mensem each may have to be employed. Necessary provision for in-patients (beds) as may be required should be made. For a dispensary one physician on a salary of Rs. 150 to Rs. 200 will be necessary. Each out-patient will cost in medicine about Rs. 2 to Rs. 3 per mensem.

The question of establishing different degrees like L.M.S., etc., for passed students in Ayurveda may be left for consideration later on after a college is worked for a course. Other questions as to standardizing medicines, registration of physicians, etc., may also be left for later consideration. No satisfactory arrangement exists for the supply of good crude drugs. When there is a regular demand we may hope that proper supply will be forthcoming. The question of translating into the Hindi or other vernacular the books in Sanskrit should also be left for consideration later. As instruction through the vernacular will not be thought of in English Medical colleges; so instruction through vernacular translation of Ayurveda will be imperfect at present.

Costly medicines are a small number containing gold, silver and other valuable ingredients which may be necessary in very rare cases and they may be left out of consideration for the present. The Ashtanga-Hridaya treatment which is mostly with plants, roots and herbs, oil and ghee is what should be adopted in Ayurvedic hospitals and dispensaries in general. The treatment under this system is quite satisfactory as it has been found in the Venkataramana and other Ayurvedic dispensaries in Madras. The Ashtanga-Hridaya treatment, we may say, is one-third with plants, roots and herbs, one third with medicated oils and one-third with medicated ghee. In hot countries the use of the two latter is of great benefit in the case of a number of diseases and it is an advantage which Ayurvedic treatment may be said to possess over Allopathic treatment in India.

In regard to surgery and midwifery the modern advance is very great and the old Ayurvedic instruments and appliances may no longer be necessary. But certain healing oils, etc., and diets prescribed in Ayurveda may with advantage be still adopted and the Ayurvedic student should learn modern surgery and midwifery during his course in the English Medical College, suggested above.

A good case fails for want of a proper advocate. It may be hoped that with good exponents and proper support Ayurveda may regain its lost ground.

(14)

ENGLISH TRANSLATION OF THE EVIDENCE OF HAKIM ABDUL RAHMAN SAHIB BAHADUR, VISHA VAIDYA, TRICHINOPOLY.

I belong to Olavakode, Malabar district. I practice mantrams to cure all sorts of poisonous bites including cobra. During my twenty years practice several cases of rat and dog bites have been effectively cured. By mantra sakti alone, I have saved several lives from cobra bites at Olavakode. Village and railway officers who bear a personal testimony to my effective treatment were pleased to grant me certificates. A petition was also submitted to the Revenue Board by the people of Olavakode to establish a hospital under my management for effecting cure to people bitten by snakes, etc. The reply received thereto is with me now. It is also my desire that Government should move in this direction to alleviate the trouble caused by the insects, animals, etc., of poisonous character of the Olavakode forest.

If I am called upon to appear before you with all my certificates, I shall do so, provided I am given trainage to and fro.

(15)

M.R.Ry. V. CHAKRAVARTI PANDITHAR Avargal, M.R.Ry. C. R. VADIVELU PANDITHAR Avargal, M.R.Ry. M. NATHAMUNI PANDITHAR Avargal, and M.R.Ry. K. S. KUPPUSWAMI PANDITHAR Avargal.

Q. 1. We practice Tamil Science on medicines—Siddha's system.

Q 2. (*a*) *Causes of diseases.*—(1) inheritance, (2) excess or deficiency of food, its taste, its effects on the constitution, (3) excess or deficiency of sexual intercourse, (4) working so as to affect mind and body, (5) abnormal duration of any of the seasons of the year, (6) worms and insects on land and in water, (7) suppression of the 14 natural discharges of the human body, (8) foul air and impure water, (9) anxiety and excessive fear, (10) association with person affected by contagious diseases, (11) affection of the pulses owing to want of sufficient sleep and rest causing three doshams, etc.

(*b*) The nature of the diseases is diagnosed by means of 'Ten tests' e.g., pulses, secretion, excretion, tongue, eye, temperature of the body, colour of the body, voice, saliva and semen. Then the cause and different stages of the disease are diagnosed. The diseased are cured by internal and external application of medicines with or without diet. Our forefathers adopted the Siddha's system and cured a number of diseases such as fevers, tetanus, dyspepsia, venerial diseases, paralysis, etc. The same system is being adopted by us and we have also cured a number of diseases. But we have not kept any account of the patients cured by us. We have, however, testimonials from some of them and some of the patients are still alive.

(*c*) Fever, delirium, hemicrania, rheumatism, dyspepsia, paralysis, elephantiasis, diabetes, leprosy, jaundice, dropsy, which found no cure in the Allopathic dispensaries, have been cured by the Siddha's system. If necessary testimonials will be furnished from the patients cured of these diseases.

Q. 3. (*a*) Yes. We have been members of the South Indian Ayurvedic Sangam.

(*b*) (1) We know of two dispensaries conducted on the Tamil system. One at Washermanpet and the other in the Mint Street. The patients there are well attended to.

(2) No instruction in medicine is imparted in any one in the dispensaries.

(3) Funds being inadequate these dispensaries are conducted on small scale, but it may, however, be observed that they are progressing. If ample funds are secured from the generous public and Government, they will work satisfactorily.

(*c*) No. If institutions to educate men in medicine are formed and text-books comprising the essence of the several treatises on medicine are compiled this indigenous system will then alone work very efficiently.

Q. 4. (*a*) (1), (2) and (3). Yes. It cannot be said definitely that there is any dispensary conducted on the Siddha's system where the ideal is attainable. But if such an institution containing dispensary, laboratory, library and museum and a garden of food herbs is established in Madras where there are several facilities, the ideal can be attained in the near future if the State helps.

(*b*) The ideal is not too high to achieve.

Q. 5. We agree. By a thorough study, research and investigation of the Indian system and by comparing results with the Western system, it may be possible to verify the system. But it may take some time. It will be necessary to work to that end to translate in different vernaculars treatises dealing on the preparation of specific medicines such as Chenduram, Buspam, etc.

Q. 6. Yes. The course of studies should be drawn up by experts of both the systems (*a*) That there should be grades as in the English system according to the efficiency of the candidates learning the Siddha system. (*b*) In Tamil the student should possess a sound knowledge of its literature. It will do well to have a knowledge of English as well. (*c*) The medium of instruction should be Tamil and the course of instruction should amount to three to four years. Successful candidates should be awarded with titles such as Maruthva Pulavan, Maruthva Mani, Maruthva Siromani, etc.

Q. 7. Though the native doctors in towns and villages are of different merit, yet they successfully treat the patients. Their names should be registered as in the case of English doctors.

(*a*) Yes. The Board should consist of equal number of representatives of Ayurvedic, Siddha and Unani doctors.

Q. 8. The treatment according to Siddha system will not cost as much as that according to the Allopathic system. Tamil medicines do not cost much. Patients are cured by the Tamil medicines in a shorter period than that by the English medicines. The diseases do not recur and the patients do not suffer any relapse of the disease. The fees to native doctors and the diet to the patients do cost only a little. In the Siddha system of treatment no nurse is necessary and the female members of the patient can conveniently attend to the wants of the patient and look after him. The native drugs Lingam, Veeram, Pooram, Rayachenduram, etc. were cheaply available before, as they were prepared in Tamil towns and villages, namely Kumbakōnam, Pondicherry, Cochin, etc. At present these medicines are not encouraged and so they have become rarely available. If the old system is revived these Tamil medicines will become very cheap.

Q. 9. The Tamil medicines are not dead. In most of the villages, thousands of them are in daily use and there are numberless doctors in these villages. Allopathic doctors and dispensaries are not in sufficient numbers in villages—A matter well-known to all. It cannot be denied that thousands of patients in towns and villages are now being treated by native doctors. Not only in the Madras Presidency but also in Ceylon, Burma, Straits Settlements, East Indies, Madagascar, etc., the Siddha system of treatment is even now very popular. Not being sufficiently encouraged by the rich and influential gentlemen and by the Government the system is declining day by day. This also leads to the scarcity of expert practitioners of the Siddha system.

Q. 10. (*a*) to (*d*) Sufficient funds should be collected to establish ' A Tamil Medical Research ' consisting of men sound in Tamil literature and expert in the Siddha system. Tamil treatises on medicines not now in print but only in palmyra leaves, should be collected and printed and formed into a library. A laboratory stored with all Tamil medicine should also be formed. Tamil medical men should learn how to prepare the medicines in the laboratory. Students that come out successful from this Medical College should be provided with work in the hospitals in charge of the unions, taluk boards and municipalities. Government, district municipalities, local board and Senate should help the college with necessary funds.

(16)

SRIMAN BAISHNAVA THRIPATHI MAHASAYO.

Q. 1. I deal with the Ayurvedic division of indigenous system of medicine ; and besides this I have at times sought the help of Siddhabaidic Tantrikas of the indigenous system of medicine as well.

Q. (2-*a*). For accurately settling the symptoms and the causations of diseases I have at the suggestion of Baidyakatantra followed closely *Nidanpanchaka*. The theories of causation run as follows :—

(1) *Nidan*, (2) *Purbarupa*, (3) *Rupa*, (4) *Upasaya*, (5) *Samprapti*.

Besides these I also lay special stress on the pulse. urine, stool, tongue, tone, touch, sensation, eyes and also the temperaments of the patients ; these methods conclusively reveal causes of the diseases.

(*b*) The books which are studied for the attainment of true knowledge and proficiency and also for the administration of medicines after knowing the symptoms of the diseases and the nature and the tendencies thereof, are as follows :—

Nidane Madhaba Sresta | Sarire Susruta Proktah.
Sutrastanetu Bakvatah | Charakastu Chikitsate.

I have been following this method of treatment for the last 19 years, and have cured most dangerous patients in respect of which I cannot furnish statistics; to say the least I have found invaluable helps at the hands of these books and my conviction has led me to assert that these books are the authorities on this branch of treatment. But nowadays one cannot be known to others without the recommendations of others. To this end I have collected a few copies of testimonials of some local distinguished people and enclosed herewith for the kind perusal of the Committee.

(*c*) It has been seen in more than 99 cases out of hundred that this system of treatment has produced marvellous effects in comparison with other systems of treatments because this system of treatment is quite compatible with the climate, living and food of the place and also quite in accordance with the surroundings in which the man lives and moves and also under whose fostering care the vegetable kingdom which is the source of the druggists grows up. It is for these reasons that a mere root can cure the most dangerous diseases which the so-called Allopathic treatment fails to do. Hence we give preference to this system of treatment.

Q. 3 (*a*) I have started a charitable dispensary here in Berhampur for more than 14 years on the indigenous lines. I, myself, examine my patients, compound medicines and sometimes go from door to door giving helping hands to the needy, and to those who cannot afford to come to me. For this act of mine I have been empowered by the Chatrapur Taluk Board to act as they Honorary Superintendent of the Board Ayurvedic Bidyalaya opened at Purushottapur in this district.

(*b*) The present institutions of indigenous system of medicine are not satisfactory from the standpoint of adequacy of medical relief and also suitability as centres of medical education because these institutions have some deplorable defects in teaching (1) Salyatantra (Surgery), (2) Salakyatantra (treatments bearing on the curing of eyes and ears), (3) Kayachikitsa (curing of fevers, etc.), (4) Bhuta Vidya (treatments dealing with the possession by demons), (5) Kaumarabrutya treatment bearing on the bringing up of infants), (6) Agadatantra (treatment bearing on extracting poison), (7) Rasayantantra (treatment bearing on imparting strength and tone to the drooping spirit of a man and thus invigorating him), (8) Bajikarantantra (treatment of seminal fluid).

Generally provision for the maintenance of these sorts of treatments ought to be made in schools established for the purpose but we find scope for only six of these accessories excepting the first two such as Surgery and treatment bearing on eyes and ears. We hope that the indigenous system of medicine will be a complete success from start to finish if it will only be supplemented by the two methods of treatments such as Surgery and curing of eyes and ears.

(*c*) I regret to write that there has been no provision made up till now for the proper advancement of this system of treatment.

Q. 4-(*a*). If imparting ideal Ayurvedic training to the students on indigenous lines be at all aimed at, then it will be better to appoint professors of first-rate experience and also title-holders, and specialists. Besides arrangements should be made for placing the students under the very nose of these high class professors.

(*b*) For the simultaneous good of the students and the staff they should have within their easy reach hospitals, laboratories, libraries and museums.

(*c*) For research work ample leisure should be allowed to the staff into the bargain.

In support of the three statements mentioned above I may say that these are essentially necessary for the proper development of the indigenous system of treatment. It is found that the late Pandit D. Gopalacharlu Vaidyaratna of Madras did something for the ideal development of this system of medicine independent of any outside help. Besides Kabiraja Sree Jaminikanta Ghosh Mahasaya, Sj. Gananath Sen Mahamahopadhyaya of Calcutta, Kabiraj Srijut Umacharan Bhattacharya of Benares and many other experts in this department of treatment have achieved success in this respect by opening ideal institutions solely conducting them properly on lines indigenous. Reflecting on the efficacy of this system which is, so to say, in a heap of ruins for want of due patronage and encouragement I appeal to the Madras Government to take early steps towards the establishment of institutions on the indigenous lines.

(*b*) This ideal or this aim may be considered too much under the present state of affairs. But instead of this I may suggest the following methods. In the heart of the metropolis a college should be maintained and in districts under the Presidency middle class institution of this type may be started, and in villages under the districts ordinary institutions based purely on indigenous lines may be started for expediting the spread of Ayurvedic knowledge. I believe if such arrangement be made then in no time the desired effects may be attained.

(*c*) Besides if such charitable dispensaries be opened in different places of the country then it will lead to a greater good and reflect a greater credit on the Government than any other institutions have yet done.

Q. 5. The East and the West will never meet in this respect. The gulf of difference that lies between these two can never be bridged. The reason is that the indigenous system of treatment has been in vogue from time immemorial in this country of ours which is famous all over the world for its fertility of soil, mineral wealth and for being the nursery garden of the evergreens. These are all due to the hallowed memories of the Rishis of old who have purified the surface of the Indian soil by means of their sanctified penance. It is why the Indian people are so much devoted to this system and also why they have such an implicit faith in this system. It is for this reason that many patients can come round by the mere application of a simple drug in lieu of Allopathic treatment which is advocated by all as the best scientific antidote against all sorts of diseases. The reason why so many people have a liking for the unification of the two systems is that they are attracted by the hallowed show of titles and honours they would be dubbed with and not by any other considerations. Have the eminent physicians and authorities on the indigenous system of medicine given their unanimous consents to this sort of proposed unification? Perhaps, not. I think they would not by any means. Besides, the reports of the Calcutta Commission are not thorough going. They do not seem to make a thorough study of our Sastras on this head which are complete in themselves and do not want any improvement. They too have prescribed observation. Feeling of the pulse, examination of touch sensation and various other tests for fixing the nature and symptoms of diseases. So we cannot fully fall in with the opinion of the Commission.

Q. 6. Many people recommend the study of books such as Physics, Chemistry, Biology, Anatomy Physiology, Pathology, etc., but they do not know, it is a wonder, that we have mightier Sastras on these. The Sastras run as follows :—

Physics by Raj Nighanto : on Chemistry we have *Rasendra Sarasangraha*, Rasa-Ratnakaro : Biology by Susruta. Anatomy by Susruta, a book on Surgery by Susruta so forth and so on. These people do not try to dive into the depth of the volumes of books which are our sole possessions, and simply make a remark as ludicrous as anything.

Accepting the above mentioned facts I urge that the following syllabus may be adopted for imparting Ayurvedic knowledge on an indigenous line :—

(*a*) The progressive standards proposed are as follows :—

(1) Ayurvedabisarada, (2) Baidisastri, (3) Visadacharyo.

(*b*) Preliminary qualifications and periods of study run as follows :—

(1) Ayurvedabisarada should contain three years' course.

(2) *First year's course.*—(1) Parivasaporadipa, (2) Banausadhidarpana, (3) Madhabanidan, (4) Rasendrasarasangraha, (5) First step to the study of diseases, (6) Health Reader, Ausadhatantra, (8) Indian Phyisiology by Susruta.

Second year's course.—(1) Chikitsachakradutta, (2) Art of Surgery by Susruta, (3) Nabyadrabya Guna. A book on mental Pathology caused specially by love.

Third year's course.—(1) Complete study of Madhabanidan, (2) Complete study of Chikitsachakradutta, (3) Sariradhyayo by Susruta—A book on Surgery by Susruta, (4) Kriyatmakachikitsa (latter portion), (6) Sastropachikitsa by Bakvata, etc.

(2) A student should read two years at least in the Baidyasastri division.

First year's course.—(1) Susruta Sanhita (first part), (2) Sarirastānānta with commentaries, (3) Charaka Sanhita (first part), (4) Bakvata Sanhita, (5) Kaya Chikitsa with its commentaries.

Second year's course.—(1) Ayurbedaprakasa with its commentaries, (2) Sarangadhara Sanhita, (3) Tailaprakarananta with commentary, (4) Bhabaprakasa with commentary, etc.

(3) Two years' courses of studies to be prescribed for the *Bhisakacharyo Examination.*

First year's course.—(1) Charakasanhita (complete), (2) Bāgvatasanhita, (3) Susrutasanhita with its commentary.

Second year's course.—(1) Sarangadharasanhita, (2) Rajnighantu, (3) Birasimhabali, (4) Agnibesa Sanhita, (5) Haritasanhita, (6) Bhedasanhita, etc.

(*b*) A student willing to appear in the *Ayurvedabisarada Examination* should read the following books :—

1. For Sanskrit knowledge he should read the following books :—

First year's course.—(1) Laghukaumadi (Sabdha-Akhyanta and Krudanta) (2) Amarakosh (seven cantos), (3) Paryayamuktavalu, etc.

Second year's course.—Laghukaumadi (complete), Raghubamsa (five cantos), Kumarasambhava (four cantos), Meghadoota (four cantos) and five cantos of Sakuntala.

A student who has made a study of these Sanskrit books and has passed in the examination is eligible for *Ayurveda Bisaradha Examination.* Besides he must be good-natured, well-behaved, of good moral character, of noble lineage, free from physical disabilities and he should possess a strong temperament into the bargain. If such a student completes his three years' course he will be eligible for the *Ayurvedabisaradha title.* If a student studies *Baidyasastri* for two years and passes duly his examination he will get the *Baidyasastri title.* After this if he studies the Ayurvedic books and passes his examination he will be dubbed with *Bhisakhacharya title.*

(*c*) The medium of instruction should either be Sanskrit and Oriya or Telugu.

Q. 7. Medical registration should be extended to the indigenous system of medicine.

(*a*) If a Board of Registration be organized for admitting competent practitioners into the Medical Register then I think these physicians will have a greater dignity and greater facility in this direction.

(*b*) I do not like to introduce any change in the body of laws as I am quite in the dark about them.

Q. 8. Regarding the comparative cost of treatment according to the Allopathic and indigenous systems I give a statement below :—

	RS.	A.	P.
1. Atropine Sulphus prescribed for removing pains, for preventing pains, for preventing perspiration, etc., per lb. ...	98	0	0
But our indigenous system prescribes an ointment or a mere drug for these diseases, the cost of which may be	8	0	0
2. Quinine Sulphus prescribed for removing the pains settling on the veins and also typhoid fevers per lb.	78	0	0
But our system can cure such diseases by a mere Taila the cost of which may amount to Rs. 2.			
3. Cocaine Hydrochloride for curing tooth-ache Oz	48	0	0
But our system can cure it by a mere pill.			

I may say further that there are some drastic remedies which can cure maladies in no time with least expense which Allopathic treatments fail to cure. The cost between them is sometimes unduly disproportionate. I request that due encouragement should be given to that which proves the surest and the least costly.

Q. 9. The decay perceptible now-a-days in respect of this indigenous system is due to the utter apathy of the Government, want of proper ingredients and over and above all, money, the basis of everything. If the Imperial attention can be drawn to the regeneration of this system once highly approved by all but now fallen into disuse for want of proper organization, I believe the old Rishi days will return to us and we shall be rid of all maladies, will be as healthy and as strong as the people of the days long gone by. In fine I request specially the members of the district boards, taluk boards and the Rajas of the State to take active steps in this direction, and I believe that by so doing they will once again revive the drooping spirit of the physicians who are dying for want of due attention to their present depraved circumstances.

(1) M.R.Ry. Ayurveda Bhushana M. V. Sastri Avargal.

प्र. १. उ—सिद्धयवनाऽऽयुर्वेदवैद्यसिद्धान्तेषु ममत्वायुर्वेदसिद्धान्ते भक्तिस्तस्मात्तमुद्दिश्यैव मामिकेयं व्याजिहीर्षाऽस्ति.

प्र. २. (क) उ—इह खलु व्याधीनां कारणाऽन्वेषणात्पूर्वं व्याधिमेव विचिकित्सामः का पुनर्व्याधिविचिकित्सा? सा हि को व्याधिः? स च कति विधः इति व्याधिस्वरूपं निरूपयन् सुश्रुतस्त्वेवं लक्षणं लक्षयामास—तद्दुःखसंयोगा व्याधय इत्युच्यन्ते इति अत्र तच्छब्देन पूर्वतरसूत्र निर्दिष्टः पुरुषः स च पञ्चमहाभूतशरीरसमवायः कर्मपुरुषः। तं कर्मपुरुषं ये दुःखेन संयोजयन्ति ते व्याधयः इति। तद्व्याधिविकल्पं विचारयन् सुश्रुतोऽब्रूत—ते चतुर्विधा आगन्तवः, शारीराः, मानसाः, स्वाभाविकाश्चेति। तेषामागन्तवोऽभिघातनिमित्ताः। शारीरास्त्वन्नपानमूलाः वातपित्तकफशोणितसन्निपातनिमित्ताः। मानसास्तु क्रोधशोकभयहर्षविषादेर्ष्याभ्यसूयादैन्यमात्सर्यकामलोभप्रभृतयः इच्छाद्वेषभेदैर्भवन्ति। स्वाभाविकाः क्षुत्पिपासाजरामृत्युनिद्राप्रभृतयः। त एते मनश्शरीराधिष्ठानाः॥ इति॥

द्वे रोगानीके भवतः प्रभावभेदेन साध्यं चाऽसाध्यं च। द्वे रोगानीके बलभेदेन मृदु च दारुणं च। द्वे रोगानीके अधिष्ठानभेदेन मनोधिष्ठानं शरीराऽधिष्ठानं च। द्वे रोगानीके निमित्तभेदेन स्वधातुवैषम्यनिमित्तं चाऽऽगन्तुनिमित्तं च। द्वे रोगानीके आशयभेदेन आमाशयसमुत्थं च पक्वाशयसमुत्थं चेति विमाने॥

अतस्त्रिविधविकल्पा व्याधयः प्रादुर्भवन्ति। आग्नेयसौम्यवायव्याः। द्विविधाश्चाऽपरे राजसास्तामसाश्चेति निदाने॥

अथ खलु त्रय उपस्तम्भाः त्रिविधं बलं त्रीण्यायतनानि त्रयो रोगाः त्रयो रोगमार्गाः त्रिविधा भिषजः त्रिविधमौषधमिति॥

त्रयो रोगा इति निजागन्तुमानसाः। तत्र निजः शरीरदोषसमुत्थः। आगन्तुर्भूतविषवाय्वग्निसम्प्रहारादिसमुत्थः। मानसः पुनरिष्टस्याऽलाभाल्लाभाच्चाऽनिष्टस्योपजायते॥ इति त्रिस्त्रैषणीये॥ चत्वारो रोगा भवन्ति आगन्तुवातपित्तश्लेष्मनिमित्ताः। तेषां चतुर्णामपि रोगाणां रोगत्वमेकविधं रुक्सामान्यात्। द्विविधा पुनः प्रकृतिरेषामागन्तुनिजविभागात्। द्विविधं चैषामधिष्ठानम्। मनश्शरीरविशेषात्। विकाराः पुनरेषामपरिसंख्येयाः प्रकृत्यधिष्ठानलिंगाऽऽयतनविकल्पविशेषाणामपरिसंख्येयत्वान्मुखानि तु खल्वागन्तोर्नखदशनपतनाभिचाराऽभिशापाऽभिषंगव्यधबन्धपीडनरज्जुदहनमन्त्राऽशनिभूतोपसर्गादीनि। निजस्य तु मुखं वातपित्तश्लेष्मणां वैषम्यम्। द्वयोस्तु खल्वागन्तुनिजयोः प्रेरणाऽसात्म्येन्द्रियार्थसंयोगः प्रज्ञापराधः परिणामश्चेति। सर्वोऽपि तु खल्वेतेऽभिप्रवृद्धाः चत्वारो रोगाः परस्परमनुबध्नन्ति न चाऽन्योन्य सन्देहमापद्यन्ते। आगन्तुर्हि व्यथापूर्वं समुत्पन्नो जघन्यं वातपित्तश्लेष्मणां वैषम्यमापादयति। निजे तु वातपित्तश्लेष्माणः पूर्वं वैषम्यमापद्यन्ते जघन्यं व्यथामभि निर्वर्तयन्ति॥ इति महारोगाध्याये॥

निजागन्तुविभागेन तत्र रोगा द्विधा स्मृताः। तेषां कायमनोभेदादधिष्ठानमपि द्विधा इत्यष्टांगे च। परिभाषितानि व्याधिविकल्पख्यापकानि बहूनि वाक्यानि सन्ति। तद्ब्रूमो व्याधयः प्राधान्येन त्रिधा तथाप्यप्राधान्येन चतुर्धेति॥ इत्थं व्याधयस्तद्विकल्पाश्च व्याख्याताः। न च पुनरत्राऽप्रासंगिक हेतोर्वाक्यानां सूत्रोपस्यूतानां परस्पराऽविरुद्धानामपि विरुद्धवद्भासमानानां विषयमत्र विचारयामः।

पुनश्च तद्दुःखसंयोगा इति वाक्ये दुःखं कथं संघटते इत्येवं सत्यां जिज्ञासायां— दुःखत्रयाभिघाताज्जिज्ञासा तदपघातके हेतौ—इतीश्वरकृष्णस्य सांख्योक्तिं व्याचिख्यासुर्वाचस्पतिमिश्रस्त्वित्थं व्याचख्या । दुःखानां त्रयं दुःखत्रयं । तत्खलु आध्यात्मिकमाधिभौतिकमाधिदैविकं च । अत्र सुश्रुतः स्वः स्वश्चषां विषयोऽभिहित स्वयमध्यात्ममधिदैवतं चेति शारीरे सूत्रस्थाने च । प्रागभिहितम् । तद्दुःखसयोगो व्याधिरिति तच्च दुःखः त्रिविधमाध्यात्मिकमाधिभौतिकमाधिदैविकमिति । तत्तु सप्तविधे व्याधौ उपनिपतति तद्यथा—आदिबलप्रवृत्ताः जन्मबलप्रवृत्ताः, दोषबलप्रवृत्ता, संघातबलप्रवृत्ताः, कालबलप्रवृत्ताः, दैवबलप्रवृत्ताः इति । तत्राऽऽदिबलप्रवृत्ताः ये शुक्रशोणितदोषान्वयाः कुष्ठार्शःप्रभृतयस्तेऽपि द्विवधा मातृजाः पितृजाश्च । जन्मबलप्रवृत्ताः ये मातुरपचारात्पंगुजात्यन्धबधिरमूकमिम्मिणवामनप्रभृतयो जायन्ते; तेऽपि द्विविधा रसकृता दौहृदापचारकृताश्च । दोषबलप्रवृत्ता ये आतङ्कसमुत्पन्ना मिथ्याहाराऽऽचारभवाश्च; तेऽपि द्विविधा आमाशयसमुत्थाः पक्वाशयसमुत्थाश्च । पुनश्च द्विविधाः शारीराः मानसाश्च । त एते आध्यात्मिकाः ।' संघातबलप्रवृत्ता ये आगन्तवो दुर्बलस्य बलवद्विग्रहात् तेऽपि द्विविधाः शस्त्रकृताः व्यालादिकृताश्च एते आधिभौतिकाः । कालबलप्रवृत्ता ये शीतोष्णवातवर्षाप्रभृतिनिमित्तास्तेऽपि द्विविधाः व्यापन्नर्तुकृता अव्यापन्नर्तुकृताश्च । दैवबलप्रवृत्ता ये । देवद्रोहादभिशस्तका अथर्वकृता उपसर्गकृताश्च; तेऽपि द्विविधा विद्युदशनिकृताः पिशाचादिकृताश्च; पुनश्च द्विविधाः संसर्गजा आकस्मिकाश्च । स्वभावबलप्रवृत्ता ये क्षुत्पिपासाजरामृत्युनिद्राप्रभृतयस्तेऽपि द्विविधाः कालकृता अकालकृताश्च । तत्र परिरक्षणकृताः कालकृताः । अपरिरक्षणकृताः अकालकृता एते आधिदैविकाः । अत्र सर्वव्याध्यवरोध इति पुनश्चाऽत्र पूर्वोक्तवाचस्पतिमिश्रवाक्यमनुसंधेयम् । यथा तत्राऽऽध्यात्मिकं द्विविधं शारीरं मानसं च । शारीरं वातपित्तश्लेष्मणां वैषम्यनिमित्तम् । मानसं कामक्रोधलोभमोहभयेर्ष्याविषादविषयविशेषादर्शनानिबन्धनम् । सर्वं चै तदान्तरिकोपायसाध्यत्वादाध्यात्मिकं दुःखम् । बाह्योपायसाध्यं दुःखं द्वेधा आधिभौतिकमाधिदैविकं च । तत्राऽऽधिभौतिकं मानुषमशुमृगपक्षिसरीसृपस्थावरनिमित्तम् । आधिदैविकन्तु यक्षराक्षसविनायकग्रहाद्यावेशनिबन्धनम् तदेतत्प्रत्यात्मवेदनीयं दुःखं रजःपरिणामभेदो न शक्यते प्रत्याख्यातुमिति । तदित्थं दुःखस्य व्याधेश्च स्वरूपं सम्यग्दर्शितम् । तदेवं दुःखं तत्कारणव्याधींश्च प्रदर्श्य तत्प्रधानस्य शारीररोगस्य निदानानि पूर्वं व्याख्यास्यामः ।

प्र. २. उ—आयुर्वेदतन्त्रेषु प्रकुपिताः खलु त्रयो दोषा एव शारीररोगोत्पादकहेतवो भवन्ति । दोषास्तु वायुः पित्तं श्लेष्मा च ॥

तथाहि चरकः—वायुः पित्तं कफश्चोक्तः शारीरदोषसंग्रह इति सूत्रसंग्रहे । सर्वे एव वातपित्तश्लेष्माणः । विकृतास्त्वेनं महता विपर्ययेणोपपादयन्ति ॥ वातकलाकलीयाध्याये ॥ सर्वे एव निजविकाराः । नाऽन्यत्र वातपित्तकफेभ्यो निवर्तन्ते ॥ स्वधातुवैषम्यनिमित्तजा ये विकारसंघा बहवश्शरीरे । न ते पृथक्पित्तकफाऽनिलेभ्यः ॥ इत्यष्टोदरीये ॥ आगन्तुर्हि व्यथापूर्वसमुत्पन्नो जघन्यं वातपित्तश्लेष्मणां वैषम्यमापादयति । निजे तु वातपित्तश्लेष्मणः पूर्वं वैषम्यमापद्यन्ते ॥ जघन्यं व्यथामभिनिवर्तयन्ति ॥ इति महारोगाऽध्याये ॥

दोषाणां बहुसंसर्गात्संकीर्यन्ते ह्युपक्रमाः । षट्त्वं नातिवर्तन्ते त्रित्वं वातादयो यथा ॥ इति लंघनबृंहणीयेऽध्याये ॥ दोषाः पुनस्त्रयो वातपित्तश्लेष्माणः । ते प्रकृतिभूताः शरीरोपकारका भवन्ति । विकृतिमापन्नाः खलु नानाविधैर्विकारैः शरीरमुपतापयन्ति ॥ इति रसविमाने ॥

वातपित्तश्लेष्माणस्तु शारीरदोषास्तेषामपि च विकाराः ज्वरातिसारशोथशोषमेहकुष्ठादय इति ॥ रोगाऽऽनीकाऽध्याये ॥

सर्वे एव निजविकारा नान्यत्र वातपित्तकफेभ्यो विवर्तन्ते । यथा शकुनिः सर्वां दिशमपि परिपतन् स्वां छायां नाऽतिवर्तते तथा स्वधातुवैषम्यनिमित्ताः सर्वविकारा वातपित्तकफान्नातिवर्तन्ते । वातपित्तश्लेष्मणां पुनः समुत्थानस्थानसंस्थानप्रकृतिविशेषानभिसमीक्ष्य तदात्मकानपि च सर्वविकारां-स्तानेवोपदिशन्ति बुद्धिमन्त इति ॥ अष्टोदरीये ॥

तेषां सर्वेषामेव वातपित्तश्लेष्माणो दुष्टाः । दूषयितारो भवन्ति दोषत्वात् । वायादीनां पुनर्धात्वन्तरे कालान्तरे प्रदुष्टानां विविधाऽशितपीतीयेऽध्याये ॥ विज्ञानान्युक्तानि एतावत्येव दुष्टदोष-गतिर्यावत्संस्पर्शनाच्छरीरधातूनामिति ॥ शरीरविचयाऽध्याये ॥

अथ खलु अष्टाभ्यः कारणेभ्यो ज्वरः संजायते मनुष्याणां तद्यथा वातात्पित्तात्कफात् । वातपित्ताभ्यां पित्तश्लेष्मभ्यां वातश्लेष्मभ्यां वातपित्तश्लेष्मभ्यः आगन्तोरष्टमात्कारणात् ॥ इति ज्वर-निदाने ॥

त्रिदोषकोपनिमित्ता विंशतिः प्रमेहविकाराः प्रमेहनिदाने ॥ युगपत्त्रयो दोषाः प्रकोपमापद्यन्ते ॥ कुष्ठनिदाने ॥ तत्र दोषनिमित्ताश्चत्वार इति ॥ उन्मादनिदाने ॥

इह खलु चत्वारोऽपस्मारा वातपित्तकफसन्निपातनिमित्ता इति ॥ अपस्मारनिदाने ॥

शारीरास्त्वन्नपानमूला वातपित्तकफशोणितसन्निपातवैषम्यनिमित्ता इति ॥ वेदोत्पत्तिनामाऽध्याये ॥

सर्वेषां च व्याधीनां वातपित्तश्लेष्माण एव मूलम् । तल्लिङ्गत्वाद्दृष्टफलत्वादागमाच्च । यथा हि कृत्स्नं विकारजातं विश्वरूपेणावस्थितं सत्वरजस्तमांसि न व्यतिरिच्यते, एवमेव कृत्स्नं विकारजातं विश्वरूपेणावस्थितमव्यतिरिच्य वातपित्तश्लेष्मणो वर्तन्ते । दोषधातुमलसंसर्गादायतनविशेषान्निमित्ततश्चैषां विकल्पा भवन्ति ॥

कुपितानां हि दोषाणां शरीरे परिधावताम् ।
यत्र संगः स्ववैगुण्याद्व्याधिस्तत्रोपजायते ॥

॥ व्याधिसमुद्देशीयेऽध्याये ॥ सुश्रुते ॥

दोषा एव हि सर्वेषां रोगाणामेककारणम् । तथा स्वधातुवैषम्यनिमित्तमपि सर्वदा । विकार-जातं त्रीन्दोषानिति ॥ दोषभेदीयाऽध्याये वाग्भटे ॥

एवं पूर्वभाषितैर्वाक्यैरित्थं निश्चितं भवति । चरकसुश्रुतवाग्भटास्तु दोषानेव शारीरव्याधीनां कारणत्वेनाऽभ्युपागच्छन् । तच्छारीरा वातपित्तश्लेष्माणो यावन्न प्रकुप्यन्ति तावद्व्याधयो नोत्पद्यन्ते । तेषां च दोषत्रयाणामाभ्यन्तराणां प्रकोपणे । बाह्या—असात्म्येन्द्रियार्थः परिणतिः प्रज्ञापराधश्च हेतव इति हि तेषां मतम् । किं च दोषाणां रोगहेतुत्वे पूर्वाचार्याणां परस्परं वैमत्यं न क्वचिदपि ग्रन्थेषु दृश्यते । पुनश्चाऽत्र जिज्ञासितोऽयमर्थः । यदि दोषाणां व्याधीन्प्रति कारणत्वं किम्भूतं तत्स्या-त्सन्ति हि बहुविधानि कारणानि समवायिप्रभृतीनीति ॥

अस्मिन्नर्थे विजयदीक्षितस्तु दोषाणां व्याधीन्प्रति निमित्तकारणत्वममन्यत । स एवमब्रूत— यत्र यावन्निमित्तस्थायि कार्यं तत्र निमित्तकारणनाशादपि कार्यनाशः यथा वर्तितैलनाशाद्दीपनाशस्त-थाभूताश्च दोषाः प्रायशः इति ॥

एतत्सारस्यम् ।

वेदकालमारभ्याऽद्याऽवधि वैद्यविद्यामधिकृत्य बहवः खलु ग्रन्था व्यलिख्यन्त । परमधुना समुपलभ्यमानानां चिकित्साग्रन्थानां निखिलानां चरकसुश्रुतवाग्भटा एव पुरोवर्तिनस्सन्ति । यतश्चाऽन्ये

सर्वे ग्रन्थाः तदुपजीविनो विद्यन्ते । रसार्णवादिग्रन्थास्तु रसादिखनिजानेवोद्दिश्य बहु भाषन्ते इति कृत्वाऽस्मिन् प्रकरणे तेषां त्रयाणामेव वचांसि प्रामाण्यत्वेन समुल्लिखितानि सन्ति । ते तु त्रयोऽपि वातादिदोषा एव प्रकुपिता व्याधिहेतवस्तेषां प्रकोपे तु असात्म्येन्द्रियार्थः परिणतिः प्रज्ञापराधः इत्येते बाह्या हेतवः इति परस्पराऽविरुद्धं मतं प्राकाशयंस्तदवश्यमेतत्सर्वं वैद्यविचक्षणैरभ्युपगम्यतेति समनस्कोऽहमभिप्रैमि ॥

किं च आयुर्वेदसिद्धान्ते व्याधयोऽपि व्याध्यन्तरस्य निदानार्थकरा भवन्ति । यदाह माधवः— "निदानार्थकरो रोगो रोगस्याप्युपजायते । तद्यथा ज्वरसन्तापाद्रक्तपित्तमुदीर्यते ॥" इत्यादि ॥ अदृष्टमपि क्वचिद्व्याधौ निदानत्वमापद्यते यदाह वाग्भटः—"दृष्टाऽपचारजः कश्चित्कश्चित्पूर्वाऽपराधजः । तत्संकरात्भवत्यन्यो व्याधिरेवं त्रिधा मतः ॥—इति ॥

अनेन च प्रकुपितवातपित्तश्लेष्माणो व्याधीनां निदानानि तेषां प्रकोपेण च सर्वेऽप्यसात्म्येन्द्रियार्थाः परिणामः प्रज्ञापराधकृतानि सर्वाण्यपि व्यवहारादीनि तथाऽदृष्टं क्वचिद्व्याधयश्च निदानानि भवन्तीति संग्रहार्थो भवति । पुनरस्यैव विस्तरं चरकसुश्रुतवाग्भटानां निदानस्थाने । माधवकरस्य रुग्विनिश्चये च सम्यग्ज्ञातुं शक्नुयुः ॥

अभिप्रायः—अर्वाञ्चः चिकित्सकास्समस्तैस्तेषां यन्त्रशस्त्रादिभिरद्भुतसाधनैर्विपुलद्रव्यैर्विमलविचारैश्च प्राचां संयमिनां वैद्यसिद्धान्तस्य बहिरावरणमेव स्वल्पांशेन संस्पृशेयुरिति मे मतम् । किमिति प्राचीनवैद्यविद्या च ज्ञानविज्ञानसम्बद्धाऽस्ति । विज्ञानं चाऽस्य बहिरावरणम् । ज्ञानञ्चाऽभ्यन्तरावरणम् । प्राग्वैद्यविद्या च तत्र निगूढा हि तदन्तराले हृद्यात्मेव नितरां भासते । ये केचन पौरस्त्यज्ञानविद्यायां सुतरामविश्रब्धास्सन्तस्ते नानुमन्यन्त तत्वमेतत्तानहमत्रैकान्ततस्समुदासे । अन्ये केचन सूक्ष्मदर्शकादिभिः सर्वविस्मयाऽपादकैर्यन्त्रजातैरतीन्द्रियानपि विषयनिचयान् समवबोद्धुं समर्था इति प्रगल्भन्ते । तेऽप्यस्माकं मते विज्ञानकुशला अपि ज्ञानमूढास्सन्ति किमिति न खलु वस्तुस्थितिस्तावतैव समाप्तिं गता यावता च सूक्ष्मदर्शकादिभिरुपलभ्येत तद्व्यतिरिक्ता हि ब्राह्मी स्थितिरस्मच्छरीरे । तदर्थे चरकाचार्यस्त्वेवममाणीत् । तत्र बुद्धिमान् नास्तिक्यबुद्धिं जह्याद्विचिकित्सां च कस्मात्प्रत्यक्षं ह्यल्पमनल्पमप्रत्यक्षमस्ति यदागमाऽनुमानयुक्तिभिरुपलभ्यते यैरेव तावदिन्द्रियैः प्रत्यक्षमुपलभ्यते तान्येव सन्ति चाऽप्रत्यक्षाणि । सतां च रूपाणामतिसन्निकर्षादतिविप्रकर्षादावरणात् करणदौर्बल्यान्मनोऽनवस्थानात्समानाऽभिहारादभिभवादतिसौक्ष्म्याच्च प्रत्यक्षानुपलब्धिस्तस्मादपरीक्षितमेतदुच्यते । प्रत्यक्षमेवाऽस्ति नान्यदस्तीति ॥

तदेवं प्राग्वैद्यविद्भिरन्विष्य विचिन्त्य चा शिष्यबुद्धिविशुद्ध्यै परिभाषिता मनोर्थाः पुनरात्मार्थाश्च नाद्यावधि पाश्चात्यवैद्यतत्वविचक्षणैर्लीलाविलासार्थमपि सञ्चिन्तिताः तदध्यवसायव्यवसायश्च सुतरां दवीयानिति कथयितुं कथमपि न लज्जे । भौतिकानि चेन्द्रियाणि भौतिकानि च भवत्साधनानि तैश्च भौतिकार्थानेवाऽवश्यं भावयेयुर्भवन्त इति न सन्देहः । तत्पाश्चात्यचिकित्सकानां पौरस्त्यवैद्यविद्याया विमर्शनं नाम परमार्थतस्त्वकिञ्चित्करं व्यवहारार्थतस्तु किंचित्करमपि न तेषां सिद्धान्तोऽनेकविषयषु सिद्धावस्थायां दृश्यते अपि तु साध्यावस्थायामेव समुपलभ्यते जातुचित्तैरेव च परस्परं विरुद्धमतं च समुद्भाव्यते । तदित्थम्भूतायां अनुकम्पिताऽवस्थायां किं नाम विचारसहं चरमविमर्शनमिति परीक्षका एव किंचिदात्मगतं विचारयन्तु ॥

स्वारस्यम् ।

आयुर्वेदतन्त्रे तु धर्मः कर्म मनः शरीरी पुनर्जन्मेति भूयांसो विषयाः । अभौतिका भौतिकाश्च प्राणाऽपानादिवायवोऽन्ये च तत्सदृशा आप्तोपदेशबलेन पुनरनुमानबलेन चाऽस्कन्दितास्सन्ति ॥

तद्विषयेषु कथमाधुनिकी विमर्शनपरिपाटिरवकाशं लभते । कथं च पुनरतीन्द्रियाणीन्द्रियैर्विरक्तभावं चाऽनुरक्तभावैरात्मानं चाऽनात्मीयैर्धर्मं च लोभैरुपलभेमहि—

प्र॰ २. (ख.) उ॰—तदुपलब्धिश्च सर्वथा दुर्लभैवास्ति सर्वांशतः । यद्याधुनिकैः करणविशेषैः किंचिदंशतस्साध्याः स्युः ते च साध्यांशाः पाश्चात्यशास्त्रविमर्शनाप्रतिघातं ससन्तोषं सहेरन्निति मे नितरां प्रत्याशा ॥

त्रिविधं खलु रोगविशेषज्ञानं भवति । तद्यथाऽऽप्तोपदेशः प्रत्यक्षमनुमानं चेति ॥

तत्रेदमुपदिशन्ति बुद्धिमन्तो रोगमेकैकमेवंप्रकोपमेवंयानिमेवमात्मानमेवमधिष्ठानमेवंवेदनमेवंसंस्थानमेवंशब्दस्पर्शरूपरसगन्धमेवंमुपद्रवमेवंवृद्धिस्थानक्षयसमन्वितमेवमुदर्कमेवंनामानमेवंयोगंविद्यात् । तस्मिन्निदं प्रतीकारप्रवृत्तिरथवा निवृत्तिरित्युपदेशाज्ज्ञायते ॥

प्रत्यक्षतस्तु खलु रोगतत्वं बुभुत्सुः सर्वैरिन्द्रियैस्सर्वानिन्द्रियार्थानातुरगतान्परीक्षेताऽन्यत्र रसज्ञानात् तद्यथा—अन्त्रकूजनं सन्धिस्फोटनमंगुलिपर्वणां च स्वरविशेषांश्च ये चाऽन्येऽपि केचिच्छरीरोपगताः शब्दाः स्युस्ताञ्श्रोत्रेण परीक्षेत ॥

वर्णसंस्थानंप्रमाणच्छायाशरीरप्रकृतिविकारौ चक्षुर्वैषयिकाणि चाऽन्यानि यानि कानि च तानि चक्षुषा परीक्षेत ॥

रसं तु खल्वातुरशरीरगतमिन्द्रियवैषयिकमप्यनुमानादवगच्छेत् । न ह्यस्य प्रत्यक्षेण ग्रहणमुपपद्यते । तस्मादातुरपरिप्रश्नेनैवातुरमुखरसं विद्यात् ॥

एवमन्यानप्यातुरशरीरगतान्रसाननुमिमीत । गन्धांस्तु खलु सर्वशरीरगतानातुरस्य प्रकृतिवैकारिकान्घ्राणेन परीक्षेत ॥

स्पर्शं च पाणिना प्रकृतिविकृतियुक्तमिति प्रत्यक्षतोऽनुमानैकदेशतश्च परीक्षणमुक्तम् ।

इमे तु खल्वन्येप्येवमेव भूयोऽनुमानज्ञेया भवन्ति भावाः । तद्यथा—अग्निं जरणशक्त्या बलं व्यायामशक्त्या श्रोत्राऽऽदीन् शब्दादिग्रहणेनेत्यादि ॥

ग्रहण्यास्तु मृदुदारुणत्वं दुस्स्वप्नदर्शनमभिप्रायं द्विष्टेष्टसुखदुःखानि चातुरपरिप्रश्नेनैव च विद्यादिति त्रिरोगविज्ञाने चरके ॥

ततोदूतनिमित्तशकुनं मंगलाऽनुलोम्येनाऽऽतुरगृहमभिगम्य उपविश्यातुरमभि पश्यैत्स्पृशेत्पृच्छेच्च । त्रिभिरेतैर्विज्ञानोपायैः रोगाः प्रायशो वेदितव्या इत्येके—तत्तु न सम्यक् षड्विधो हि रोगाणां विज्ञानोपायः । तद्यथा पंचभिः श्रोत्रादिभिः प्रश्नेन चेति ॥

तत्र श्रोत्रेन्द्रियविज्ञेया विशेषा सफेनं रक्तमीरयन्ननिलः सशद्बो निर्गच्छति इत्येवमादयः ॥

स्पर्शनेन्द्रियविज्ञेयाः शीतोष्णश्लक्ष्णकर्कशमृदुकठिनत्वादयः स्पर्शविशेषाः ज्वरशोफादिषु ।

चक्षुरिन्द्रियविज्ञेयाः शरीरोपचयाऽपचयायुर्लक्षणबलवर्णविकारादयः रसनेन्द्रियविज्ञेयाः प्रमेहादिषु रसविशेषाः ॥

घ्राणेन्द्रियविज्ञेयाः अरिष्टलिंगादिषु व्रणानां अव्रणानां च गन्धविशेषाः ॥

प्रश्नेन च विजानीयाद्देशं कालं जातिं सात्म्यमातङ्कसमुत्पत्तिं वेदनासमुच्छ्रायं बलमन्तराग्निं वातमूत्रपुरीषाणां प्रवृत्त्यप्रवृत्ती कालप्रकर्षादींश्च विशेषान् आत्मसदृशेषु विज्ञानाभ्युपायेषु तत्स्थानीयैर्जानीयात् ॥ इति ॥ विशिखाऽनुप्रवशेनाये सुश्रुत ॥

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दर्शनस्पर्शनप्रश्नैः परीक्षेताथ रोगिणाम् इति वाग्भटः सूत्रस्थाने ॥

दर्शनेन—कासमेहाद्यार्तेषु पीतशुक्लवर्णसंस्थानप्रमाणोपचयच्छायाविण्मूत्रच्छर्दितादिकम् ॥

स्पर्शनेन—ज्वरगुल्मविदध्याद्यार्तं तथा शीतोष्णस्तब्धस्पन्दुश्लक्ष्णखरस्पर्शादिकं च ॥

प्रश्नेन—शूलाऽरोचकच्छर्दि प्रदरत्वं सुच्छन्ददुश्छन्दत्वं मृदुक्रूरकोष्ठतां स्वप्नदर्शनमभिप्रायं जन्मामयप्रवृत्तिनक्षत्रद्विष्टेष्टसुखदुःखानि चेत्यातुरमुखात्परीक्षेत ॥ इत्यरुणदत्तः ॥

अत्रेदमुच्यते । चिकित्सकस्य रोगी रोगश्चेति स्वविषयौ । तत्र रुजां प्रतिचिकीर्षुरादौ रोगिणं परीक्षेत कुतः रोगस्य तदाश्रयित्वात्तं रुग्णं कथं परीक्षेतेति हि जिज्ञासा समुपतिष्ठते । समादधाति तत्र वाग्भटस्त्रिविधपरीक्षेति पुनराह च दर्शनस्पर्शनप्रश्नैरिति । तदीयं पन्थानं ह्यरुणदत्तोऽनुगच्छति ॥

चरकस्त्वाप्तोपदेशः प्रत्यक्षमनुमानं चेत्युक्त्वा शरीरगतानां शब्दस्पर्शरूपगन्धानान्तु प्रत्यक्षेण रसस्यानुमानेन । मुखरसपरिप्रश्नेन च परीक्षेतेति च तात्पर्यं व्यक्तमुक्तवान् ॥

सुश्रुतोऽपि त्रिविधपरीक्षा नाऽलं भवतीति मत्वा पंचभिरिन्द्रियैः प्रश्नेन चेति षड्विधां परीक्षां प्राह ॥

स्वारस्यम् ।

आयुर्वेदसिद्धान्ते रुग्णस्य परीक्षा समुच्चयेन त्रिधा विस्तरेण षोढा अनुमानेन तथाप्तोपदेशेन चाऽष्टधा च भवति ॥

चिकित्सकस्य द्वितीयविषयः परीक्षायां रोगः । निदानं पूर्वरूपाणि रूपाण्युपशयस्तथा । सम्प्राप्तिश्चेति विज्ञानं रोगाणां पञ्चधा स्मृतमिति ॥ चरकोऽपि तस्योपलब्धिर्निदानपूर्वरूप लिङ्गोपशयः सम्प्राप्तितश्च । तत्र निदानं नाम कारणम् । रोगोत्पादकहेतुर्वा पूर्वरूपं प्रागुत्पत्तिलक्षणं व्याधेः । लिङ्गं प्रादुर्भूतलक्षणं उपशयो नाम हेतुव्याधिविपरीतानां विपरीताऽर्थकारिणां च औषधाऽऽहारविहाराणमुपयोगः सुखानुबन्धः सम्प्राप्तिः । सा संख्याप्राधान्यविधिविकल्पबलकालविशेषैर्भिद्यते । संख्या यथा—अष्टौ ज्वराः पञ्च गुल्माः सप्त कुष्ठान्येवमादि प्राधान्यं पुनर्दोषाणां तरतमयोगेनोपलभ्यते । तत्र द्वयोस्तरः त्रिषु तम इति विधिर्नाम । द्विविधा व्याधयो निजाऽऽगन्तुभेदेन । चतुर्विधाः साध्याऽसाध्यमृदुदारुणभेदेन । पृथक् विकल्पो नाम समवेतानां पुनर्दोषाणां अंशांशबलकल्पोऽस्मिन्नर्थे । बलकालविशेषः पुनर्व्याधीनां ऋत्वहोरात्राऽऽहारकालविधिनियतो भवति । इति संग्रहार्थाः पल्लवांश्चैतेषां माधवे पश्येयुः ॥

प्र. २. (ख) उ.—अस्मत्सिद्धान्तरीत्या प्रकुपितानां क्षीणानां वा दोषाणां तथा विषमावस्थां गतानां वा प्रकृतिस्थापनमेव रुक्प्रतिकरणम्भवति । तथापि तद्विशेषांस्तोकमेवाऽत्र विवक्षामि ॥

यदाह सुश्रुतः । द्विविधा व्याधयः शस्त्रसाध्याः स्नेहादिक्रियासाध्याश्च । तत्र शस्त्रसाध्येषु स्नेहादिक्रिया न प्रतिषिध्यते । स्नेहादिक्रियासाध्येषु शस्त्रकर्म न क्रियते ॥ इति ॥

त्रिविधमौषधमिति चरकाचार्यः । यदाह त्रिविधमौषधमिति । दैवव्यपाश्रयं युक्तिव्यापाश्रयं सत्वाऽवजयश्च । तत्र दैवव्यपाश्रयं मनौषधिमणिमंगलबल्युपहारहोमनियमप्रायश्चित्तोपवासस्वस्त्ययनप्रणिपात तीर्थगमनादि । युक्तिव्यापाश्रयं पुनराहारौषधद्रव्याणां योजना । सत्वाऽवजयः पुनरहितेभ्यो मनोविनिग्रहः ।

शरीरदोषप्रकोपे तु खलु शरीरमेवाऽऽश्रित्य प्रायशस्त्रिविधमौषधमिच्छन्ति । अन्तः परिमार्जनं बहिः परिमार्जनं शस्त्रप्रणिधानं चेति । तत्राऽन्तः परिमार्जनं यदन्तः शरीरमनुप्रविश्यौषधमाहारजातव्याधीन्प्रमार्ष्टि ॥

यत्पुनर्बहिस्पर्शमाश्रित्याऽभ्यंगस्वेदप्रदेहपरिषेकोन्मर्दनाद्यैरामयान्प्रमार्ष्टि तद्बहिः परिमार्जनम् ॥

शस्त्रप्रणिधानं पुनश्छेदनभेदनव्यधनदारणलेखनोत्पाटनपृच्छनसीवनैषणक्षारजलौकाश्चेति ॥

अथैतद्ब्रूमः—रोगास्त्रिविधाः निजा आगन्तवो मानसाश्च । तेषां त्रिविधविकल्पानां व्याधीनां प्रत्येकं भिन्नस्वरूपाश्चिकित्सा भवन्ति ॥ ताश्च तत्र तत्र चरकसुश्रुतवाग्भटानां वचनोल्लेखनेन दिङ्मात्रं प्रदर्शिताः । शरीरदोषप्रकोपमुद्दिश्य यास्त्रिविधचिकित्सा व्याख्यातास्तासु पुनराहारादिवैषम्ययोगाज्जातान्व्याधीन्प्रति प्रतिपादितायाः अन्तः परिमार्जनरूपायाश्चिकित्सायाः प्राधान्यात्तमुद्दिश्य किंचिद्ब्रूमः ।

आयुर्वेदे निजरोगाणां चिकित्सा तु प्राधान्येन दोषाणां स्थितिं समावृत्यैव विद्यते । तस्माद्धि यथायथं वैषम्यं प्राप्ता दोषा यद्यच्छरीरप्रदेशं समाश्रित्य व्याधीञ्जनयन्ति तत्तदानुगुण्येन चिकित्सां च कल्पयामासुः । अत्र चिकित्सा नाम रुजायाः प्रतिक्रिया । सा च प्रतिदोषं बहुधा भवति । यदाह वाग्भटः—

वातस्योपक्रमः स्नेहः स्वेदः संशोधनं मृदु ।
स्वाद्वम्ललवणोष्णानि भोज्यान्यभ्यंगमर्दनम् ॥

वेष्टनं त्रासनं सेकः मद्यं पैष्टिकगौडिकम् ।
स्निग्धोष्णा बस्त्यो बस्तिनियमः सुखशीलता ॥

दीपनैः पाचनैः सिद्धाः स्नेहाश्चाऽनेकयोनयः ।
विशेषान्मेध्यपिशितरसतैलाऽनुवासनम् ॥

पित्तस्य सर्पिषः पानं स्वादुशीतैर्विरेचनम् ।
स्वादुतिक्तकषायाणि भोजनान्यौषधानि च ॥
सुगन्धशीतहृद्यानां गन्धानामुपसेवनम् ।
कण्ठे गुणानां हाराणां मणीनामुरसा धृतिः ॥
कर्पूरचन्दनोशीरैरनुलेपः क्षणे क्षणे ।
प्रदोषः चन्द्रमाः सौधं हारी गीतं हिमोनिलः ॥
अयन्त्रणसुखं मित्रं पुत्रः सन्दिग्धमुग्धवाक् ।
छन्दानुवर्तिनो दाराः प्रियाः शीलविभूषिताः ॥
शीताम्बुधारागर्भाणि गृहाण्युद्यानदीर्घिकाः ।
सुतीर्थविपुलस्वच्छसलिलाशयसैकते ।
साम्भोजजलतीरान्ते कायमाने द्रुमाकुले ।
सौम्या भावाः पयः सर्पिर्विरेकश्च विशेषतः ॥
श्लेष्मणो विधिना युक्तं तीक्ष्णं वमनरेचनम् ।
अन्नं रूक्षाऽल्पतीक्ष्णोष्णं कटुतिक्तकषायकम् ॥
दीर्घकालस्थितं मद्यं रतिप्रीतिः प्रजागरः ।
अनेकरूपो व्यायामश्चिन्तारूक्षं विमर्दनम् ॥
विशेषाद्वमनं यूषः क्षौद्रं मेदोघ्नमौषधम् ।
धूमोपवासगण्डूषानिःसुखत्वं सुखाय च ॥

पूर्वोक्तेषु श्लोकेषु वाग्भटः सर्वा अपि चिकित्सास्संग्रहेणाऽदर्शयत् ॥

आयुर्वेदे तु वृद्धानां दोषाणां निर्हरणम् (तच्च वमनविरेचनाऽऽस्थापनाऽनुवासनाऽस्त्रविस्रवणाद्युपायेन)—क्षीणानां च वर्धनम् (मधुरस्निग्धादिसौहित्यैः) । विषमाणां च समीकरणं (पाचनदीपनाभ्यां तथा क्षुत्तृड्व्यायामाऽतपमारुतैश्शमनैः) । एवं चिकित्सामूलम् । एतत्सर्वं वाग्भटस्य दोषोपक्रमणीये द्विविधोपक्रमणीये चाऽध्याये द्रष्टव्यम् ॥

अभिप्रायः—आयुर्वेदे सर्वाऽऽमयाश्चतुर्धा व्यभज्यन्त । यथा—सुखसाध्याः कृच्छ्रसाध्या याप्या अनुपक्रमा इति । एतेषु तुरीयमन्तरा सर्वेऽपि साध्या एव । किं च तृतीयस्तावत्कूलंकषमनिवार्योऽपि व्याधितजीवनसमयं न बाधतैव । तदित्थं प्रथमो द्वितीयश्च साध्यो भवति सर्वांशेन । तृतीयस्त्वसाध्योऽपि विनिहतप्रभावस्सन्शरीरान्न वियुज्यते । किंचाऽऽजीवितं व्याधितमधिवसन्तदीयायुर्मानं यापयति । परन्तु नियमोऽयं सांक्रामिकेषु न युज्यते । अहं चाऽप्यमुं निर्णयं स्वानुभवेन स्थापयितुं प्रगल्भेय । तथाहि—अतीसारे ग्रहण्यां दुर्नाम्नि गुल्मे मन्दाग्नौ उदरे सन्निपाते क्षये शोषे उरःक्षते राजयक्ष्मणि यकृद्वृद्धौ रक्तपित्ते विसर्पे अनन्तवाते उन्मादे अपस्मृतौ एवंविधेष्वन्येषु च भूयस्सु कृतप्रयत्नोऽहं पूर्वोक्तनिर्णयेषु श्रद्धां निदधानोऽस्मि ॥

प्र. २ (ग). उ.—ग्रहण्यां पुराणपरिणामशूले मधुमेहे रक्ताऽतिसारे सन्निपातज्वरे कुष्ठ प्रमेहपिटिकासु तालुपुप्पुटे गलशुण्डिकायामपस्मृतौ बालग्रहेषु प्रसूताव्याधिषु च भूयोऽशेनाऽऽयुर्वेदौषधं प्रशस्ततरमिति मन्मतम् ।

एतद्विषये साक्ष्यात्साक्ष्यं प्रदित्सामि ।

प्र. ३ (क). उ.—अस्ति कश्चित्संबन्धश्चन्नपुरीयाऽऽयुर्वेदकलाशालयासह । स च सम्बन्धस्त्वहं स्थायिन्यास्समित्या स्थिरः कश्चन सदस्योऽस्मि । अन्यच्च मयैव स्थापिता गोपालाऽऽश्रमाऽभिधेया काचन भेषजशालाऽस्ति । यत्र च पाथक्येन सार्धपंचसहस्रपरिमिता रुग्जनास्समुपतिष्ठन्ते प्रतिसंवत्सरम् ।

प्र. ३ (ख). उ.—संदर्भवशादहं दाक्षिणात्यान् देशनगरनिगमजनपदान् बहून् पर्यटंस्तत्र तत्र काश्चिद्वैद्यशालाः कलाशालाश्चाऽपश्यम् । यत्र च वक्ष्यमाणविषययोर्यथावदवश्यं व्यवस्थास्तृप्तिप्रदा न सन्ति । विषयौ—(१) व्याधितानां चिकित्साकरणम्; (२) वैद्यविद्याध्ययनस्य केन्द्रस्थानम् ।

अत्र चिकित्सा विषये—यन्त्रशस्त्रक्षाराऽग्निकर्माऽस्रविस्रुतिजलौकःपातादिसाध्यान्व्याधीन्बालग्रहग्रस्तान्प्रसूताः स्त्रियो विषोपक्रान्तांस्तथा स्नेहनस्वेदनाऽऽस्थापनाऽनुवासनसाध्यान्रोगांस्तत्सदृशान्न्यांश्च व्याधीन्यथाशास्त्रं न चिकित्सन्ति ।

अध्ययनाऽध्यापनविषये चन्नपत्तनं केन्द्राभं विद्यते । तत्र च द्वे सार्वजनिके शाले प्रचलतः । तत्राऽपि पर्याप्तं खल्वध्ययनाऽध्यापनसौकर्यं न विद्यते ।

अभिप्रायः—पूर्वोक्तविषययोर्दोषाऽऽवहा हेतवश्चाऽमी दृश्यन्ते ।

प्रथम विषये—चतसृणां सम्पदां स्थाने चतस्रो विपदो दृश्यन्ते । तथा हि—भूयसीषु वद्यशालासु शस्त्रप्रणिधानादिषु कृतमुखाः कृतहस्ताश्च चिकित्सका एव दुर्लभाः दुर्लभाश्च निपुणा उपस्थातारो दुर्लभानि विधिदणीतानि दिव्यानि सम्पन्नानि चौषधानि । तादृशो रोगिणस्तु दुर्लभतरा एव ये नाम स्वव्ययेन वैद्यशालासु स्वपन्तः स्वाऽवस्थाज्ञापका वैद्यविधेयास्सन्तश्चिकित्सामुपलभन्ते ।

सर्वासां पुनरासामव्यवस्थानां दारिद्र्यमेव मूलं प्रधानं च निदानम् । अन्योक्त्या सम्राजां वैमनस्यमालस्यं च निदानमिति ब्रूयाम् ।

द्वितीयविषये.—वैद्यविद्याऽध्ययनाय विमलविपुलबुद्ध्योऽनवद्यमेधाविनस्स्वावलम्बिनो विद्यार्थिन एव विरलाविरलाश्चाऽऽयुर्वेदतत्वपारदृश्वानोवैद्या वैद्याऽध्यापकाश्च । तथा पुस्तकसंग्रहगृहं वस्त्वादर्शनिधिः शरीरसंग्रह ओषध्युद्यानं शस्त्रप्रणिधानगृहमित्येवंभूता भूयांसस्तौकर्याऽऽवहाः सम्भारविशेषाश्च सुतरां विरलास्सन्ति ।

सत्योमतादृशायां दशायामहमेवं संदेष्टुमुत्सहे.—काचन संस्कृतसमितिः पूर्वोक्तवैद्यकलाशालानां याजमान्यमादाय सकलदोषनिवहान्दूरीकृत्य यथाकालानुकूलं सर्वसम्भारैरायोज्य शालाः निर्विघ्नं प्रचालयेदिति मे मतिः ॥

प्र. ३ (ग). उ.—आयुर्वेदपद्धतिं तथा देशीयपद्धत्योरन्यतरां वाधिकृत्य विद्यमानास्सर्वोपकरणसमृद्धास्संस्था नाऽद्यावधि प्रचलन्तीति वक्तुमत्यन्तं लज्जे ।

अत्र प्रतीकारस्त्वेवं स्यात्—नितान्तश्रद्धावद्भिस्सदस्यैरथवा राजाऽधिकृतैर्वा तत्कार्यभारप्रवहणं सुतरामनुरूपं भवेदथवा विश्वविद्यासमितेरेतत्कार्यनिवहभारसमर्पणं वा सुलभं सकारणं च दृश्यते ॥

प्र. ४ (क). उ.—पौरस्त्यचिकित्साशास्त्रस्याऽध्ययनाय तथा प्रचाराय च वक्ष्यमाणा विषया अवश्यं स्वीकरणीया भवन्तीति मेऽभिप्रायः—

(१) तत्तद्वैद्यविभागेषु निष्णातानामाचार्याणामधीने तद्विद्याऽध्येतॄन् सन्निधापयेत् । येनाऽचार्याः प्रतिक्षणं शिष्याननुशास्तुं समर्थेरन् ॥

(२) आचार्याः शिष्याश्च समग्रसामग्रिसमृद्धेषु चिकित्सालयेषु द्रव्यनिधिषु पुस्तकभाण्डारेषु च निर्विघ्नप्रवेशनिर्गमं संचरेयुः ॥

(३) भिषजस्सर्वे भिषक्कुलेषु स्वेषु यथा स्वतन्त्रं स्वस्वविषयान् निरम्यन्तरे काले विमर्शयेयुः ।

अभिप्रायः—इत्येवमुक्तास्त्रिवर्गविषया वैद्यविद्याविशारदाया अवश्यं भवेयुः । परमद्यावधि क्वचिदपि भारतभूभागे नैतादृशा भागधेयोदयोन्मुखाः आश्रया दृश्यन्ते । अपि च दृश्यन्ते चन्नपत्तने मोहमय्यां च द्वित्रा आश्रया ये च नाममात्रमेवैतद्गुणगणितास्सन्ति । यदि राजकीयास्यत्सदृशा अन्ये च प्रयतेरन् तदानीं सकलसम्पत्तीनामप्येतासां सम्भवनाऽवकाशो विद्येत ॥

प्र. ४ (ख) उ.—कालेऽस्मिन्पूर्वोपवर्णितशालाश्शक्यसाध्या एवेति ममाऽभिप्रायः । यदि पक्षान्तरे राजकीया अकिंचना इत्येवं प्रतिपादयेयुस्तर्हि वक्ष्यमाणयोर्द्वयोर्विषययोस्सम्बन्धे वक्ष्यमाणमेव पन्थानमनुसरेयुः । विषयौ—(१) मनोरथस्य सर्वांशेन साधनम् । (२) अभिप्रेताऽर्थस्य झटिति निर्वहणम् ।

अभिप्रायः.—यद्येतद्विषयं कार्यतः परिणमयितुं न शन्कुयुस्तर्हि सद्यस्तावदर्वाग्वैद्यविद्यालयेषु तथाऽन्येषु चाऽऽश्रयेषु वैद्यसम्बन्धेषु आयुर्वेदविदुषां विद्यार्थिनां च समावेशनं किंचित्साधनम्भवेत् ॥

प्र. ५ उ.—आयुर्वेदस्य नामोच्चार्य पारम्परिकेण किमुत स्वातन्त्र्येण ज्ञानेन तथाऽनुभवेन च चिकित्सां कुर्वत्सु भिषक्सु भूयांसि स्खलितान्यशास्त्रीयाणि च सन्तीति सत्यमभ्युपगच्छामि । परन्तु ये खलु

सम्यगायुर्वेदमर्माणि जानन्तोऽपि कालिकात्थानीयस्य विश्वविद्यालयस्य विशिष्टसमितेस्सदस्यानां मनांसि सन्मानयन्तस्तथाऽभिप्रैषिषुस्ते तावदायुर्वेदविषये केवलमुदासीना उद्यमविमुखाश्च इत्येवं हि मेऽभिप्रायः। किं चाऽहं तावत्पाश्चात्यवैद्यतत्वं कालान्तरेण महता प्रयत्नेन चायर्वेदतत्वसाधनेन समूलं परिवर्तयितुमीहमानेषु पुरुषार्थपरेष्वन्यतमः ।

तदेवं प्रकृतावस्थायां पौरस्त्यपाश्चात्यवैद्यस्यैकवाक्यताऽऽपादनत्वं सर्वथाऽसमजसमित्येव मन्ये ॥

प्र. ६ उ.—यद्भवन्तस्त्वनुयुंजतेऽस्मानायुर्वेदसिद्धान्तमधिजिगीषूणां तदध्ययनाय। शक्तिवादं रसायनतन्त्रं जीवतत्वं रूपोद्बोधकशारीरं धर्मोद्बोधकशारीरं च निदानानि क्रिमिनिदानानि शल्यं शालाक्यं चेति सकलाऽभिनववैद्यतन्त्राणि प्राचीनायुर्वेदतन्त्रैस्सम्मिश्रय प्रचारयेदिति ॥

तत्रैवमुत्तरेयम्.—आयुर्वेदतत्वऽवबोधनाय नवतन्त्राणां समावेशोऽकिंचित्करो न चाऽभिनवतन्त्रज्ञानेन प्राचीनाऽयुर्वेदज्ञानं प्रकाश्येत। परन्त्वभिनववैद्यमये प्रपञ्चे वैद्यमात्रवृत्तिमभ्यसितुं नवतन्त्राणि शिक्षेत तानि चाऽयुर्वेदस्य परं नेपथ्यत्वेन पाठयेदिति मे मतम् ।

अभिप्रायः—यद्यप्यहमर्वाचीनवैद्यतन्त्राण्यायुर्वेदस्यांऽङ्गत्वेन शिक्षयितुमसम्मतोऽपि शिक्षणम् तस्यैव नेपथ्यत्वेनाङ्गीकरोमि । तदनुकूलपुस्तकसूचिकां च संदर्भाऽनुसारेण विज्ञापयेयम् ॥

प्र. ६ (क). उ.—तदेवमधीताऽध्येतव्यानां विदुषां च वर्गं त्रिधा विभक्तुं सन्दिशेयम् । तथा विभक्तानां तरतमभेदेनोपार्जितज्ञानानाम् उच्चावचांकितगोत्राण्युपरिष्टात्सूचितव्यानि सन्ति ॥

प्र. ६ (ख). उ.—तरतमभेदविभक्तानां वैद्यग्रन्थानामध्ययनाय चन्नपत्तनस्थेन विश्वविद्यालयेन समुद्भावितया परीक्षया परिष्कृतान्विद्यार्थिनो यथायोग्यं समुपयोजयेदनेन च । तेऽप्युत्तीर्णविद्यार्थिनस्संयतोत्साहा भवन्ति ॥

प्र. ६ (ग). उ.—सिद्धसिद्धान्तं यवनसिद्धान्तं चाऽन्तराऽऽयुर्वेदसिद्धान्तं संस्कृतभाषयैव प्रबोधयेयुः । तदवश्यं लोकसमंजसं च भवति ॥

प्र. ७ उ.—सप्तमप्रश्नविषये मौनमेव कल्याणं साधनं मन्ये ।

प्र. ८ उ.—पौरस्त्यपाश्चात्यचिकित्सापद्धत्योः पाश्चात्यशैल्येव प्रचुरमूल्या विद्यते। अत्र च बहूनि कारणानि विद्यन्ते । तान्येवं भवन्ति—पाश्चात्यौषधानि सर्वाण्यपि भारत वर्षे न सिध्यन्ति न च पाश्चात्यादेकदेशात्साक्षाद्भारतभूमावासार्यन्ते तेन च हेतुना विविधदेशस्था राजानः करातिशयं तथा विविधदेशस्था वणिजो लाभाऽतिशयं च तेष्वारोपयन्ति । तथाऽऽरोपयन्ति च वणिक्चराः प्रतिनिधयस्तृतीयं लाभं तदनु पाश्चात्यचिकित्सकास्तदुपरिष्टाच्चतुर्थं लाभं समारोपयन्ति। तदेवं पाश्चात्यौषधानि स्वभावतस्स्वरूपतश्च बहुमूल्यानि भवन्ति ॥

द्वितीयं कारणं तु—पाश्चात्यचिकित्सकानां जीवनशैली—ते चाऽनन्यसाधारणीं जीवनशैलीं समनुरुन्धन्ति । न केवलं जीवनशैल्यामेव अपि तु ते केवलं पराऽवलम्बास्सन्तस्स्वचिकित्सोपयोगीनि सर्वाण्यपि यन्त्राणि शस्त्राणि क्षारकरणान्यग्निसाधनानि तथान्यान्यपि चिकित्साकरणान्यत्र साधयितुमसमर्था जलसाश्च । वैदेशिकेष्वेव निबद्धाऽऽदराः स्वरुग्णजनान्महता व्ययेनाऽऽयोजयन्ति ॥

तृतीयं कारणं—न केवलमौषधद्रव्याणि न च यन्त्रशस्त्रादिसाधनानि च परकीयाणि; किन्तु रोगिणामाहारसाधनान्यपि चिकित्सावसरे वैदेशिकान्येव सर्वथायुक्तानि मन्यन्ते। इत्येवं बहुविधैः कारणैः ...त्यचिकित्सा स्वभावत एव प्रचुरमूल्या भवतीति मेऽभिप्रायः ॥

प्र. ९ उ—अयं चाऽनुयोगो नितरामुपयुक्तः प्रामुख्यस्तथाऽर्थगर्भितश्च विद्यते । परन्न जाने केन च प्रकारेणोत्तरेण प्रष्टृजनमनांसि समाधापयितुं शक्नुयामिति । तथापि कर्तव्यतायां तत्परः किञ्चिदिव समादधीय ॥

न चाऽऽयुर्वेदस्याऽवनतिरेकस्मिन्नेव सन्दर्भेऽवाततत्परं द्वयोस्त्रिषु चतुर्षु पंचसु च सन्दर्भेषु भूयो भूयः प्रघातेन च नितरामवनतस्थितिमगात् ।

तदेवं ह्यामणन्ति चरित्रविदः—यश्च वेदसमयो यस्मिंश्च वेदास्त्रीनन्तरा नाऽन्ये ग्रन्था अभूवन् । तदा तेषामेव ज्ञानांशाः आयुर्वेदाद्युपवेदत्वेन परिणताः प्राकाशन्त । क्रमेण च प्राणिस्वाभावात्तद्विरुद्धानि औशनसबार्हस्पत्यलौकायतिकचार्वाकाऽऽदीन्यन्यानि विषमाणि समुद्भूवन् । तदानीं तदनुयायिनां वेदेषु तदनुजीविग्रन्थेषु च स्वभावसिद्धोऽनादरोऽभूदिति प्रथमः सन्दर्भः ॥

द्वितीयसन्दर्भस्तु उपनिषदादीनां प्रचारसमयः । अत्र च वेदादिग्रन्थानां सत्यप्यादरेऽवस्थावशाद्ब्रह्मज्ञानस्यैव परमपुरुषार्थत्वेन सत्कारोऽवशिष्टानां भौतिकानां च केवलमनादर इति ॥

तृतीयसन्दर्भस्तु गौतमबुद्धस्याहिंसातत्त्वोपदेशसमयः । यत्र च सर्वेऽप्यैहिकार्था अनर्थकत्वेनाऽप्रस्तुतत्वेन च नितरामुदास्यन्त ॥

चतुर्थसन्दर्भस्तु भारते वर्षे चीनहूणशकपह्लवयवनकालयवनमिश्रबाह्लीकादिभिः प्रात्यन्तिकैर्नरेन्द्रैरभिषेणनं ते चाऽभिषेणयन्तस्तथाऽनुशासतश्च स्वीयं स्वीयं वैद्यसिद्धान्तं प्रकाशयन्तः आयुर्वेदशास्त्रस्य प्रचाराऽवसरं नाऽददुः ।

पञ्चमसन्दर्भस्तु सद्यस्तनो यत्र चाऽऽयुर्वेदस्य हृदयस्पन्दनमपि मन्दतां प्राप्य ह्रस्वश्वासोच्छ्वासं भवदन्तिमां दशां प्रतिक्षणमपि प्रतीक्षते । तथाहि विचारयन्तु । सर्वत्राऽऽप्यायुर्वेदग्रन्था यथायथं न मन्यन्ते तेषु चाऽसंख्यातस्खलितान्यारोप्यन्ते । तद्वैद्याः केवलमुदरम्भरयो बिडालवृत्तयस्तस्करप्रायाश्चेति निन्द्यन्ते । तेषां वचनानि त्वपलापत्वेन स्वीक्रियन्ते न च ते क्वचिदपि राजकीयविभागेषु शालासु तत्सदृशेष्वन्येषु च स्थानेष्वधिक्रियन्ते । किम्बहुना पाश्चात्यचिकित्सकानामायुर्वेदविद्भिस्सहवासोऽपि पापस्य लज्जायाश्चाऽऽस्पदमिति मुक्तहृदयमघोषयन् पाश्चात्यचिकित्सकाः । ईदृशा व्यवहारास्तु पूर्वेतिहासेषु सूक्ष्मदर्शकैर्यन्त्रैरप्युपलब्धुं न शक्यन्ते ॥

पूर्वोक्तकारणान्यन्तरा प्रत्येकपुरुषस्याऽपि भूयांस्यागांसि विद्यन्ते ॥

यथाऽयुर्वेदस्योपज्ञापकाः परमर्षयो धर्मप्रधानां वृत्तिमेतामाचख्युः क्रमेण च चिकित्सावृत्तेरवलम्बका धनलुब्धा धर्मधनानपि वञ्चयितुमारभन्त । धनार्जनमेव सर्ववैद्यानां प्रधानं प्रथमं च लक्ष्यमासीत् । अनधीता भिषक्पाशाः सन्तु तिष्ठन्त्वसन्तस्तरन्तीति न्यायेन महान्तं धनलाभं प्राप्नुवन् , तादृशः केचन कुहकाश्छद्मचराश्चिकित्सकाः प्रतारणेनाऽपि धनमार्जयितुं शक्यते विनाऽध्ययनेनात सिद्धान्तं स्थापयामासुः । तदेवं कालेन महताध्ययनाऽध्यापनपरिपाटी विच्छिन्ना सती नामशेषासीत् ।

प्र. १० उ—तद्विद्यापुनरुज्जीवनं च प्रजाप्रतिरूपकैस्सदस्यैरचिराच्चन्नपत्तने न्याय्यसूत्रोदये सदसि प्रस्थापितेनोपायेन साध्यं स्यात् ॥

नृपतयो माण्डलिका वैश्वविद्यालयाः स्वतन्त्रास्समितयो जनाश्च वक्ष्यमाणया रीत्याऽऽयुर्वेदमभिवर्धयितुं प्रयतेरन् :—

(१) नृपतयः—आयुर्वेदं हृदयेनाऽभ्यनुज्ञाय तद्विदुषश्च पाश्चात्यचिकित्सकानिव सगौरवं

पश्येयु । राजस्थानेषु राजकीयाऽखिलविभागेषु राजकीयदाक्षिण्यार्हेषु सर्वेषु सङ्घेषु च (बाष्पतरणी-बाष्पशकटमरणनिधिसङ्घेषु) तत्सदृशेष्वन्येषु सङ्घेषु वैद्याऽधिकारे देशीयवैद्यानप्यायोजयेयुः । तद्विद्यार्थिनां कलाशालां रुग्णानां भेषजशालां च स्थापयेयुः । स्थापयेयुश्च परिशोधकशालाः ॥

(२) माण्डलिकाः—स्वभुक्तिषु प्रदेशेषु देशीयौषधानि प्रचुरं प्रचारयेयुः । पुनरनुकूलेषु प्रदेशेषु रम्याण्योषधिवनानि विरचयेयुः । कुशलान्मतिमतो वैद्यान्स्वभुक्तिष्वौषधगृहेषु स्थापयेयुः प्रोत्साहयेयुस्तद्विद्यार्थिनश्च ॥

(३) वैश्वविद्यालयास्तु-विविधानामितरविद्यानामिवाऽऽयुर्वेदस्याऽपि तरतमादिभेदेन परीक्षामुपकल्पयेयुस्तथा योग्यताऽनुरोधेनाङ्कितगोत्राणि वितरेयुः ॥

(४) स्वतन्त्रास्तु—औषधशालानां कलाशालानां च संस्थापनाय पर्याप्तानि धनानि संगृह्य वितरेयुः । पुराणानि जीर्णानि नवानि च पुस्तकानि संगृह्य पुस्तकभाण्डारं स्थापयेयुः ।

दैनिकानि मासिकानि वार्षिकानि तद्विद्याप्रचारणानि वृत्तपत्राणि पुस्तकानि च जनयेयुः ॥

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(2) M.R.Ry. Ayurveda Bhushana K. SUBRAHMANYA SASTRI Avargal, A.K.A.C.
Senior Professor on Medicine, Ayurvedic College, Madras.

श्रीः

धन्वन्तरे नमस्तुभ्यमायुर्वेदस्वरूपिणे ।
वैद्यविद्यामहातन्त्रसम्प्रदायाध्वदर्शिने ॥

श्रीमतां तत्रभवतां स्वदेशवैद्यसमितिसभ्यानां सविधे इदं विज्ञापयामः—

I. स्वदेशवैद्यमाधिकृत्य प्रकटीकृतानां प्रश्नावलीनामायुर्वेदसंप्रदायमनुसृत्य प्रत्युत्तराण्यभिधीयन्ते.

II. (*a*) आयुर्वेदशब्दस्य वृद्धिकराणि ह्रासकराणि वा द्रव्यगुणकर्माणि वेदयत्ययमिति वा, अनेन आयुषो हिताहितवस्तुपरिज्ञानेन अहितविषयेभ्यो निवृत्तिरुपदिश्यत इति वाऽर्थोऽभवितुमर्हति.

पृथिव्यादीनां पञ्चानां महाभूतानां परिणामविशेषान्निर्मितस्यास्य भौतिकशरीरस्य सर्वव्यापिनो वातादयो दोषाः, रसादयो धातवः, स्वेदमूत्रादयो मलाश्च परमं मूलकारणानि भवन्ति.

तत्र वातपित्तश्लेष्माणो दोषा इति—रसासृङ्मांसमेदोऽस्थिमज्जाशुक्राणि धातवः इति—वस्तिपक्वाधाननासानेत्रश्रोत्रादिभ्यो निस्सरन्तस्त्याज्यपदार्था मला इति च व्यवह्रियन्ते.

यदा हि दोषादयस्समानावस्थां प्राप्य शरीरस्याऽरोग्यमुत्पादयन्ति तदा शरीरमप्राप्य रोगवशं चिरं स्थैर्येण तिष्ठति.

एवं समावस्थां प्राप्याऽरोग्यसंपत्त्या शरीरधर्माननुतिष्ठन्तो दोषधातुमलास्समानासमानद्रव्यगुणकर्मणां संयोगमहिम्ना वृद्धिं क्षयं वा प्राप्नुवन्ति. एतादृशी दोषविकृतिरेव रोग इत्यभिधीयते.

अनधिगतविकारैर्दोषधातुमलैरस्य शरीरस्येमे गुणा भवन्ति.

विकृतिमप्राप्तो वायुः स्वशक्त्या मनोवाक्कायकर्मसु उत्साहं उच्छ्वासोच्छ्वासवेगप्रवर्तनक्षुत्पिपासाद्युत्पादनं, रसादिधातूनां सम्यक्स्वाभाविककृत्यनिर्वर्तनम्, दर्शनादीनामिन्द्रियाणां स्वस्वोचितकर्मसु पाटवोत्पादनम्, इत्येवमादिभिः क्रियाविशेषैश्शरीरमनुगृह्णाति.

विकृतिमप्रतिपद्यमानं पित्तं स्वशक्त्या गात्रस्य स्वभावोचितमुष्णमुत्पाद्य पक्तिं, नयनयोः दर्शनशक्तिं, क्षुत्पिपासेच्छां, रसनेन्द्रियसामर्थ्यं, शरीरकान्तिं, मेधां, शौर्यं, देहमार्दवमित्येवमादीनि चोत्पाद्य वपुः पुष्णाति.

विकृतिमप्राप्तः श्लेष्मा स्वमहिम्ना शरीरदार्ढ्यम्, अस्थ्यादीनां सन्धिबन्धनं, तत्र च स्निग्धत्वं, क्षमां शरीरोष्णस्य समीकरणमित्येवमादिभिः कर्मभिः वपुः पोषयति.

रसादीनां सप्तधातूनां स्वभावस्थितानां क्रमेण तर्पण ओजोवर्द्धन-विषमसमीकरण-स्नेहन-धारण-पूरण-गर्भोत्पादनानि प्रधानकार्याणि.

पुरीषमूत्रस्वेदानां प्रकृतिस्थानां क्रमेण अवष्टम्भ-शरीरक्लेदवहन-क्लेदविधारणानि प्रधानकार्याणि.

इदानीं स्वप्रमाणाद्वृद्धिमितानां वातादिदोषाणां गुणा उच्यन्ते—

तत्र वृद्धो वायुः कार्श्य कार्ष्ण्य-उष्णकामित्व-कंप आनाह शकृद्ग्रह-बलनिद्रेन्द्रियभ्रंश-भ्रम-प्रलाप-दैन्यादीन्कुर्यात्.

तत्र वृद्धं पित्तं पीतविण्मूत्रनेत्रत्वक्क्षुद्दाहाल्पनिद्राप्रभृतीन्विकारानावहेत्.

एवं विवृद्धः श्लेष्माऽप्यग्निसदन-प्रसेक-आलस्य-गौरव-शैत्य-श्वैत्य-श्लथांगत्व-श्वासकासादोनामयानुत्पादयेत्.

अथ विवृद्धो रसः श्लेष्मवद्विकारान्कुर्यात्.

वृद्धं तु रक्तं विसर्पप्लीहविद्रधिकुष्ठवातरक्तरक्तपित्तगुल्मोपकुशकामलाव्यंगाग्निवधसंमोहरक्तत्वङ्नेत्रमूत्रादीन्विकारानुत्पादयेत्.

वृद्धं च मांसं गण्डार्बुदग्रन्थिगण्डोरूदरवृद्धिं कण्ठादिष्वधिमांसं च जनयेत्.

मेदोऽपि वृद्धं मांसवद्विकारान्, तथाऽल्पेऽपि चेष्टिते श्वासं श्रमं स्फिक्स्तनोदरलंबनं च कुर्यात्.

वृद्धमस्थि अध्यस्थ्यधिदन्तांश्चोत्पादयेत्.

मज्जा तु वृद्धो नेत्रांगगौरवं, पर्वसु स्थूलमूलान्यरूंषि च कुर्यात्.

वृद्धं पुनश्शुक्रं अतिस्त्रीकामतां शुक्राश्मरीं च कुर्यात्.

वृद्धं शकृत्कुक्षावाध्मानाटोपगौरववेदनाश्चोद्भावयेत्.

विवृद्धं हि मूत्रं वस्तिनिस्तोदं कृतेऽप्यकृतशङ्काश्चापादयेत्.

स्वेदस्तु वृद्धोऽतिस्वेददौर्गन्ध्यकण्डूंश्च कुर्यात्.

एवं बाहुल्यगौरवादिभिर्दूषिकादीनपि मलान् जानीयात्.

अथ क्षीणानां वातादीनां विकाराः प्रतिपाद्यन्ते—

तत्र वाते क्षीणे अंगसादः, अल्पभाषणं, मन्दचेष्टता, संज्ञामोहः, श्लेष्मवृद्धिभवश्च रोगा भवेयुः ।

पित्ते क्षीणे मन्दानलत्व-शैत्य-प्रभाहानिप्रभृतयो विकारा जायन्ते.

श्लेष्मणि क्षीणे भ्रमः, श्लेष्माशयानां शून्यत्वं, हृद्द्रवः, श्लथसंधिताश्च स्युः

एवं रसे क्षीणे रौक्ष्य-श्रम शोष ग्लानि-शब्दासहिष्णुतादयो भवन्ति.

रक्ते क्षीणे अम्लशिशिरादिलिप्सा, शिराशैथिल्यं, रौक्ष्यमित्येवमादयो विकारा भवन्ति.

मांसे क्षीणे इन्द्रियग्लानि-गण्डस्फिक्शुष्कता-सन्धिवेदनादयो भवन्ति.

क्षीणे मेदसि कटीस्वाप-प्लीहवृद्धि-कृशाङ्गतादयो भवेयुः,

अस्थ्नि क्षीणे अस्थितोद-दन्तकेशनखशातनादयो भवन्ति.

क्षीणे मज्जनि अस्थिसौषिर्यतिमिरभ्रमादयो जायन्ते.

शुक्रे पुनः क्षीणे शुक्रं चिरात् शोणितयुक्तं केवलशोणितमेव वा प्रसिच्येत. अपि च वृषणयोरत्यर्थं तोदो मेढ्रधूमायनं च भवेताम्.

पुरीषे क्षीणे सशब्दो वायुरन्त्राणि वेष्टयन्निव कुक्षौ भ्रमेत्. हृत्पार्श्वे पीडयन्नूर्ध्वं वा गच्छेत्. अपि च श्वासरोधं कुर्यात्.

मूत्रे क्षीणे कृच्छ्रादल्पं, विवर्णं सरक्तं वा मूत्रयेत्.

स्वेदे क्षीणे रोमच्युतिः, स्तब्धरोमता, त्वक्स्फुटनं च भवेयुः.

एवमितरेषां मलानामपि स्वमलायनसंशोषतोदशून्यत्वलाघवादिभिः क्षयं जानीयात् ।

एतावता शरीरगतारोग्यानारोग्यहेतुभूतानां वातादिदोषाणां समवृद्धिक्षयभावैर्जायमानानि लक्षणानि संक्षेपतो निर्दिष्टानि.

इतः परं रोगोत्पत्तौ हेतुभूतानां त्रयाणां दोषाणां गुणाः, तेषां वृद्धिक्षयहेतवश्च लिख्यन्ते—

तत्र स्वभावस्थितानां दोषाणां ज्ञातेषु लक्षणेषु तद्विरुद्धयोः क्षयवृद्ध्योर्लक्षणानि सुखंगृहीतानि भवन्तीति तदर्थं तेषां स्वभावलक्षणानि विशदीक्रियन्ते.

तत्र रूक्ष-लघु शीत खर-सूक्ष्म-चलनादयो वातनिष्ठस्वाभाविकगुणाः.

स्निग्धतीक्ष्णोष्णलघुविस्रसरद्रवादयः पित्तगुणा भवन्ति.

स्निग्धशीतगुरुमन्दश्लक्ष्णमृत्स्नस्थिरादयः कफगुणा उच्यन्ते.

अत्रेयं विषयशुद्धिः ।

देहोत्पत्तौ यथा पृथिव्यादीनि तत्त्वपञ्चकानि मूलकारणानि, एवं द्रव्योत्पत्तावपि तान्येव मूलकारणानि । अपि च यैर्गुरुस्निग्धरूक्षोष्णादिगुणैस्संयुक्तानि शरीरकारणानि वातादितत्त्वानि, तैरेव तत्त्वैर्निर्मिता ओषधयो, रसोपरसा धातवश्च, तादृशैरेव गुरुरूक्षादिगुणैस्संयुक्ता भवन्ति । अत एवमुभयोर्द्रव्ययोरुत्पत्तिकारणाणि भूतानि समानि, अत एव तत्कारणसंबद्धा गुणास्तत्कार्येष्वप्यनुवर्तन्ते । यद्यपि जीवद्रव्यसृष्ट्योर्हेतुतत्त्वमेकमेव तथापि जीवसृष्टावधिकमग्निवायू भवतः । द्रव्यसृष्टौ पुनः पृथिव्युदकाकाशा अधिका भवन्ति । अतो हेतोः पूर्वनिर्दिष्टं चिदात्मना परिणतम् । समनन्तरोक्तन्तु जडरूपेणेति स्थितम् । अत्र चैषां मध्ये यस्मिन् द्रव्ये हि विद्यते भूयसा पृथिव्यंशः तत्पार्थिवद्रव्यमिति व्यवह्रियते, एवमन्येष्वपि.

किञ्च प्रतिवस्तूत्पत्तौ तद्वृद्धौ च पश्चाऽपि भूतान्यवश्यमपेक्ष्यन्ते । तथा हि प्रथममधिष्ठानमपेक्षते, तदेव च पृथिवीतत्त्वम्, अनन्तरं बीजमवश्यं भवति तदेवोदकम्, अपि च सौम्यगुणाधानेन

परिपोषयितुमुदकमेवावश्यकम्. तच्च परिणमयितुं औष्ण्यमावश्यकं तदेव तेजः, नानाप्रशाखादिरूपेण वर्द्धयितुं वायोरपेक्षा भवति वायोश्च स्थानमाकाशम्, एवं पञ्चभिर्भूतैर्वरतूत्पद्यते.

भूतांशसंयोगवैचित्र्येण यथा केषुचिद्द्रव्येषु लघ्वादयो दशगुणा विद्यन्ते एवमपरेष्वपि द्रव्येषु तद्भिन्ना गुर्वादयो दश गुणा भवन्ति. अपि च द्रव्याश्रया गुर्वादयो गुणास्तन्निष्टेषु रसेष्वपि भवन्ति. त एव स्वाद्वम्ललवणतिक्तोषणकषायाष्षड्रसा इत्युच्यन्ते, ते च यथापूर्वं बलावहाः.

एतावता च जीवजडद्रव्ययोरुत्पत्तौ पृथिव्यादीन्येव पञ्चभूतानि परमं कारणानीति स्पष्टम्, एवं स्थिते पृथिव्याकाशौ विहाय शिष्टानां त्रयाणामेव तत्त्वानां परिग्रहेण शारीरकरोगारोग्यवर्णनं-- किंमूलकं? ईदृशी विचिकित्सा न्याय्यैव, तत्र च कथमिमानि भूतानि शरीरे तिष्ठन्तीति प्रतिपादिते सा विचिकित्सा परिहृता भवतीति तदर्थमत्र किञ्चिद्विचार्यते.

तथा हि पञ्चसु भूतेषु पृथिवीतत्वमप्सुविलीनं, वियच्च वायौ, इत्यतश्शिष्टानि वाय्वग्न्युदकानीति तान्येव चेतनाचेतनवस्तूत्पत्तौ, तेषां स्वभावे च व्याप्रियन्त इत्यायुर्वेदविदां राद्धान्तः.

तान्येव शुक्रार्तवस्थितानि शरीरमारभमाणानि क्रियाविशेषाद्वातपित्तकफा इति व्यवह्रियन्ते.

अवोचाम पूर्वं षड्रसानधिकृत्य, तत्र मधुराम्ललवणा मारुतं, तिक्तोषणकषायाः कफं, कषायतिक्तमधुराः पित्तञ्च घ्नन्ति, अतस्तद्विपरीता अन्ये तु कुर्वते. यथा कटुतिक्तकषायाः वातं, स्वाद्वम्ललवणाः कफं, कट्वम्ललवणाः पित्तं च वर्द्धयन्ति. एवं षड्रसपूर्णेषु द्रव्येषु यानि वृद्धिं क्षयं वोपगतान् वातादिदोषान्समीकृत्य स्वभावं प्रापयन्ति, तानि शमनौषधानीति, यानि तान्वातादीन्कोपयन्ति, तानि कोपनद्रव्याणीति, यानि चोपयुक्तानि स्वस्थं सुखेन वर्तयन्ति, तानि स्वस्थहितद्रव्याणीति च कथ्यन्ते तादृशरसविशिष्टेषु चतुर्विधेष्वन्नपानेष्वुपयुक्तेषु पक्वाशये जाठराग्निसंयोगेन यो रसपरिणाम उत्पद्यते स विपाक इति स्मृतः, स च त्रिधा तत्र मधुरलवणौ रसौ मधुररूपेण परिणमतः, अम्लोऽम्लं पच्यते रसः, तिक्तोषणकषायाणां प्रायः कटुविपाको भवति. त एते त्रयो विपाका वातपित्तकफान्समीकृत्य चिरं जीवयति.

उपभुक्तमाहारजातमामपक्वाद्याशयेषु रञ्जकपाचकादिपित्तैर्विपच्यते सारकिट्टौ च पृथक्क्रियेते, तत्र सारो रसः स्वधात्वग्निना विपक्वः पुनः सारकिट्टरूपेण पृथक्क्रियेत, तत्र सारो यकृत्प्लीहानौ प्राप्य प्राणवायुसहकृतेन रञ्जकेन रञ्जितो रक्तमित्यभिधीयते. किट्टश्च कफ इति. तच्च रक्तं स्वधात्वग्निना परिणामितं पुनस्सारकिट्टरूपेण विभक्तं भवति. तत्र सारो मांसं किट्टश्च पित्तमिति स्थितिः. अनेनैव प्रकारेणोपरिगतानां धातूनामुत्पत्तिः, तत्र चरमो धातुः पयसि सर्पिरिव सर्वमपि शरीरं व्याप्यातिष्ठति, ततः परं स्त्रीषु व्यायच्छतस्तस्य शुक्रं शोणिते संयुज्य कालेन मातुराहार रसेन च वर्द्धितः करचरणाद्यवयवयुक्तो जीव इति प्रथामापन्नो भूमाववतरति. तदारभ्योपयुक्तमाहारजातं सर्वमपि जाठरेणाग्निना संयुज्य मधुररसत्वेन परिणतं फेनीभूतं कफं यातं विदाहाच्चाम्लतां गतं क्षुद्रान्त्रे पित्तोष्मणा शोषितं सारकिट्टरूपेण विभक्तं शरीरमुपचिनोति. किट्टं च कटुतां गतो बहिर्निष्कास्यते.

एतेनेदमुक्तं भवति, पञ्चसु भूतेषु स्थिताभिः पञ्चभिरूष्मशक्तिभिः क्रमेण पार्थिवादिगुणयुक्तानि पञ्चाऽपि द्रव्याणि पच्यन्त इति, तथा च पञ्चानामपि भूतानां गुणांशास्सर्वेऽपि क्रमेण द्रव्यनिष्ठान् स्वस्वांशान् संपच्य पृथगेव संयुज्य तान् शरीरंपोषयन्ति. तद्यथा शरीरनिष्ठः पार्थिवांशः पार्थिवांशं पोषयति, एवमेवेतरे.

"अत्रेदं तत्वम्."

उपयुक्ताहारोत्पन्नरसेन रसादयस्सप्त धातवः क्रमेणोत्तरोत्तरं पोष्यन्ते, तत्र च जाठराग्नेरंशाः रसादिषु सप्तसुधातुषु तिष्ठन्ति. तेषां सादातिदीप्तिभ्यां क्रमेणोत्तरोत्तरं धातूनामशोषणशोषणाभ्यां वृद्धि-क्षयौ भवतः, एवं पुष्यति शरीरे यदि लघ्वादिगुणयुक्तानि द्रव्याण्यनवरतमुपयुज्यन्ते तदा तादृशगुणको दोषोवर्द्धते, एवमेकस्मिन्दोषे वृद्धे तद्विपरीतगुर्वादिगुणयुक्तोऽपरोदोषः क्षीयते.

एवमेव कालार्थकर्मणां हीनमिथ्यातिमात्रको योगो वातादिप्रकोपणेन रोगकारणतां प्राप्नोति, सम्यग्योगश्च पुनरेषां दोषसमीकरणेनारोग्यं प्रापयति.

"यदुक्तं वाग्भटे—

हीनोऽर्थेनेन्द्रियस्याऽल्पः संयोगः स्वेन नैव वा ।
अतियोगोऽतिसंसर्गः सूक्ष्मभासुरभैरवम् ॥

अत्यासन्नाऽतिदूरस्थं विप्रियं विकृतादि च ।
यदक्ष्णा वीक्ष्यते रूपं मिथ्यायोगः सदारुणः ॥

एवमत्युच्चपूत्यादीनिन्द्रियार्थान्यथायथम् ।

विद्यात्—

कालस्तु शीतोष्णवर्षभेदात्त्रिधा मतः ।
स हीनो हीनशीतादिरतियोगोऽतिलक्षणः ॥

मिथ्यायोगस्तु निर्दिष्टो विपरीतस्वलक्षणः ।
कायवाक्चित्तभेदेन कर्मापि विभजेत्त्रिधा ॥

कायादिकर्मणाहीना प्रवृत्तिर्हीनसंज्ञिका ।
अतियोगोऽतिवृत्तिस्तु वेगोदीरणधारणम् ॥

विषमाङ्गक्रियारम्भः पतनस्खलनादिकम् ।
भाषणं सामिभुक्तस्य रागद्वेषभयादि च ॥

कर्मप्राणातिपातादि दशधा यच्च निन्दितम् ।
मिथ्यायोगः समस्तोऽसाविह चामुत्र वा कृतम् ॥

इत्येवमादिभिः पद्यैः कालार्थकर्मणां हीनमिथ्यातियोगास्सुविस्तरं प्रतिपादितास्सन्ति, इह तु विस्तरभीत्या विरमामः.

न केवलमेभिरेव हीनमिथ्यातियोगैर्विकारोत्पत्तिः, अपि तु वक्ष्यमाणैरपि, "तद्यथा दुष्टैरसात्म्यैर्नानाविधैः विधिवर्जितैरन्नपानदुष्टाम्बुसेवनादिभिः अतिव्यवायदिवास्वप्नवेगविधारणैश्च वातपित्तकफास्त्रयो दोषाः शरीरं व्याप्य तिष्ठन्तः आरोग्याय भवितव्यात्स्वप्रमाणादधिका हीना वा यदा भवन्ति तदा भूतपञ्चकैरारब्धेऽस्मिन् शरीरे कुर्वन्ति नानाविधान्रोगान् शाखाकोष्ठास्थिसन्धिषु.

अपि च; अहितसेवनोत्तरं, प्रागपि च दोषविकारात् चयः, साद, इति च द्वेऽवस्थे भवतः, तथा हि—प्राग्दोषवृद्धेर्वृद्धिकारणसामग्रीसंकलनावस्था चय इति, क्षयाय वा कारणसामग्रीसंकलनावस्थासाद इति च व्यवह्रियेते, अस्यामवस्थायां रसादयो धातवः क्लिद्यन्ते, यदा च क्लेदभावो वर्द्धते तदा धातुषु दृश्या अदृश्या वा जीवाणवो विंशतिसंख्याका असंख्याका वा केषुचिदामयेषूत्पद्यन्ते.

अनन्तरं वातादयो दोषास्तदाश्रया रसादयो धातवश्च वृद्धिं क्षयं वा प्राप्ताः रूक्षादीन्दोषगुणान्पुरस्कृत्य एकस्मिन्सर्वस्मिन्वाऽवयवे नानाविधानामयानुत्पादयन्तीत्यायुर्वेदतत्त्वविदां—राद्धान्तः.

एवं व्याधिकारणतत्त्वमस्मन्मतरीत्या प्रकर्षेण प्रपञ्चितम्.

एतेनेदमायुर्वेदप्रतिपादितव्याध्युत्पत्तिकारणतत्त्वं नव्य—वैद्यतन्त्रानुसारेण एतावता परीक्ष्य निर्णीततत्त्वानि इतः परं वा निर्णेष्यमाणानि तत्त्वानि वा सर्वदा सर्वथा नातिवर्तन्त इत्यनिच्छद्भिरपि निर्मत्सरैरवश्यमभ्युपगन्तव्यमिति सिद्धम्.

(*b*) आयुर्वेदशास्त्रे रोगनिर्धारणक्रमस्त्रिधा भिद्यते—दर्शनस्पर्शन प्रश्नभेतात्; तत्र दर्शनेन पीतशुक्लवर्णसंस्थानप्रमाणोपचयच्छायाविण्मूत्रच्छर्दनादीनि ज्ञायन्ते.

स्पर्शनेन हस्तकायस्पर्शेनेन ज्वरगुल्मविद्रधिप्लीहयकृदादीन् जानीमहे. प्रश्नेन शूलारोचकमृदुक्रूरकोष्ठ स्वप्नदर्शन व्याध्युत्पत्तिनक्षत्रद्विष्टेष्टसुखदुःखानि च ज्ञायन्ते.

पूर्वं स्पर्शे हस्तस्पर्श इत्युक्तम्. तत्रेदं ध्वन्यते—यथा प्रागुपदिष्टदर्शनादिभिः कारणैर्यथा व्याधिस्वरूपोऽवगम्यते, एवं जीवसाक्षिण्या रक्तनाड्याः—स्पन्दनविशेषैरङ्गुलिस्पर्शज्ञातैर्दोषाणां वृद्धिक्षयप्रयुक्तो व्याधिरवगम्यत आयुर्वेदसंप्रदायविद्भिरिति तदपि किञ्चिदत्र स्थापयामो भवतां धुरि.

नाडीविज्ञानं नाम रक्तवहनाड्यां शोणितप्रसर्पणेनोत्पद्यमानस्य स्पन्दविशेषस्याङ्गुलिस्पर्शेनावगमनमेव. इह हि हृदये कोऽपि रक्तवहो बृहद्धमनिरुत्पद्यते. स चानेकशाखाप्रशाखारूपेण आपादतलमस्तकं विद्यमानेषु प्रत्यवयवेष्वोतश्च प्रोतश्चाहाररसेन शोणितेन केदार इव कुल्याभिः सन्तर्प्य शरीरं सर्वमपि पुष्णाति. एवं प्रतिहस्तं बहवो रक्तवहा धमन्यस्सन्ति. तत्रैको धमनिः—प्रव्यक्ततरोऽङ्गुलिस्पर्शेनोपलक्ष्यते. अत्र स्त्रीणां वामहस्ते विद्यमाना धमनिः स्वोत्पत्ति स्थाने प्रमाणतः किञ्चिद्बृहदाकारेण भवतीति तत्रैव तासां नाडीस्पन्दनविज्ञानं सुकरं न पुनर्दक्षिणे करे इति शास्त्रतात्पर्यविद आहुः. तत्राऽयं विज्ञानोपायः.—अङ्गुष्ठमूलादधोऽङ्गुलप्रमाणे तर्जनीमध्यमानामिकाङ्गुलीः सममेवर्जु निक्षिप्य किञ्चिदिव गाढं निपीडिते तासु पृथगेव यस्स्पन्दनविशेषश्शोणितवेगोत्पन्नोऽनुभूयते तद्वशात्तर्जन्यां वायोर्गतिं, मध्यमायां पित्तस्य गतिं, अनामिकायां श्लेष्मणो गतिं च व्यवस्यन्ति कुशलाः.

व्यवसिते चैवं रक्तधमन्यास्स्पन्दनेनैव त्रयाणां दोषाणां वृद्धिक्षयसंसर्गसंनिपातजा विकाराश्च सुखं निर्णीयन्ते एवमारोग्योऽपि.

वृद्धे हि वाते तर्जन्यां नाडीस्पन्दस्सर्पजलौकाभूलतादीनां गतिरिव वक्रा सवेगा च स्यात्. साचेयं तर्जन्यामेवेतरापेक्षया व्यक्ततरेति तत्रैव वायोः स्थानमित्यायुर्वेदविदो भाषन्ते.

वृद्धे तु पित्ते मध्यमायां नाडीस्पन्दः कुक्कुटभेकादीनामिवोत्प्लुत्योत्प्लुत्य व्यक्तं भवतीति तत्रैव पित्तस्य स्थानं भवितुमर्हति.

एवं श्लेष्मणि वृद्धेऽनामिकायामेव नाडीस्पन्दो बर्हिकच्छपहंसादीनामिव मन्दं मन्दं भवतीति तत्रैव तस्य स्थानमुचितम्.

कलायराजमाषकृष्णमुद्गादीनामपरेषाञ्च कन्दवर्गादीनां गुरुरूक्षादिगुणयुक्तानां अत्युपसेवनेन द्रव्याणां जरणसमये विनिर्मुक्तो वायुः स्वप्रमाणादधिक आध्मानाटोपादीन्विशेषेणोत्पाद्यापानोद्गाररूपेणाधरोत्तरमार्गाभ्यां विनिर्गमनानन्तरं—योऽवशिष्यते स रक्तेनाहाररसभूतेन संमिश्रय हृदयं प्राप्य तस्य

प्रसारणाकुञ्चनविरामैः कर्मभिरुद्भूतेन प्राणवायुना युक्तः सवेगं यदा हस्ताङ्गुष्ठमूलं प्राप्नोति तदा तादृशवायुना संमूर्च्छितं शोणितं तर्जन्यां सर्पस्येव कुटिलं गतिविशेषं बोधयति. यद्यप्यङ्गुल्योरितरयोरेषा गतिर्ज्ञातुं शक्यते. तथापि सवेगस्य रक्तस्य तर्जन्येवाऽवसानभूमिरिति तत्र प्रतिहतो जलौघ इव प्रव्यक्ततरो भवति इति स एव वायोः स्थानमित्यायुर्वेदविदामभ्युपगमः.

एवं तीक्ष्णोष्णवीर्यादिगुणवर्द्धकान्यन्नपानादीनि यद्युपयुज्यन्ते तर्हि तदारब्धैस्सन्तापविदाहादिभिः विकृतं शोणितं धमनीषु यदा चरति तदा कुक्कुटभेकादीनामिवोत्प्लुत्योत्प्लुत्य गच्छतीव, मध्यमायामनुभूयत इति तदेव स्थानं पित्तस्येत्यङ्गीकुर्मः.

एवं स्निग्धशीतादिगुणयुक्तैरन्नपानादिभिः सौम्यधातुर्वृद्धः शोणितमभिप्रपद्यते तेन च संपूर्णं रक्तं यदा धमनीषु चरति तदा गन्तुमवकाशमलभमानमिव मन्दं मन्दं हंसमयूरादीनामनुकरोतीव गतिम् अनामिकायां लक्ष्यते इति तदेव श्लेष्मणः स्थानमिति कल्प्यते.

एवं संसर्गसन्निपातयोरपि गतिविशेषो ज्ञेयः तद्यथा, संसर्गे यो दोषो वातादिः प्रधानो भवति तस्य गतिः प्रथमं वातादीनामेव स्थाने लक्ष्यते. अनुबन्धस्य तु पित्तादेस्तत्रैव वातादिस्थाने पश्चाल्लक्ष्यते. समप्रधाने तु संसर्गे उभयोर्गतिः उभयोरेव स्थाने समं लक्ष्यत इति स्थितिः.

सन्निपाते त्वित्थमव्यवस्थितमेव नाडी कदाचिद्द्रुता, कदाचिच्छिथिलशिथिला, कदाचिद्विमुक्तगतिः, कदाचिच्छून्येव स्वस्थानात्प्रच्युते वाऽपरैश्च विकारैर्युक्ता स्यात्.

स्वप्रमाणस्थितेषु वातादिदोषेषु नाडी मत्त इव गजो दृढं स्वस्थाने स्थिता गम्भीरा प्रसन्नैकरूपावस्थितगतियुक्ता वीचीतरङ्ग इव च स्यात्.

क्षीणेषु पुनर्दोषेषु न कोऽपि भेदो वातादीनामङ्गुलिस्थानेषु. नाडीस्पन्दे त्वस्ति भेदः किञ्चित्, तथाहि, अङ्गुष्ठमूलसमीपे वातादिगतिबोधकेभ्यः तर्जन्यादिस्थानेभ्यः प्रागेव किञ्चिच्छोणितं प्रतिहतमिव हृदयाभिमुखं यदा गच्छति तस्मिन्नवसरे वातादय आत्मीयं गतिविशेषं स्थानविशेषेषु तर्जन्यादिषु प्रदर्शयन्तीति ज्ञेयम्.

एतावता च नाडीस्पन्दसामान्यलक्षणानि वर्णितानि किञ्चित्. विस्तरेण तु प्रत्यवयवम् उत्पद्यमानानामामयानां लक्षणज्ञानाय विद्यमानाः पूर्वपृष्ठादिपञ्चगतिविशेषाः विस्तरभीतेर्न लिख्यन्ते.

एवंप्रकारैस्सामान्यतो व्याधिं ज्ञात्वाऽनन्तरं निदानपूर्वरूपरूपोपशय संप्राप्तिभिर्लक्षणविशेषैस्तत्तद्विशिष्टरोगपीडितो रोगी तत्त्वतो ज्ञेयः.

तत्र निर्दिश्यते व्याधिरनेनेति निदानम् इति व्युत्पत्त्या पञ्चाऽपि लक्षणानि निदानशब्देन व्यवह्रियन्ते. परं पञ्चसु प्रथमं निदानं रोगोत्पादकहेतुरित्यर्थः । स च हेतुर्द्विधा भिद्यते सन्निकृष्टविप्रकृष्टभेदेन. तत्र सन्निकृष्टं समीपे विद्यमान इत्यर्थः. विप्रकृष्टो दूरे विद्यमान इति. वातादयो दोषाः कुतोऽपि कारणात्सहसैव विकृतिमापन्ना यदा रोगं जनयन्ति तदा ते व्याधेस्सन्निकृष्टनिदानं भवन्ति. अहिताहारसेवनेनाऽसम्यक्परिणता रसादयो धातवः दोषादीनां विकृतिमुत्पाद्य तद्द्वारा व्याधिं यदा जनयन्ति तदा ते विप्रकृष्टनिदानं भवन्ति. गुर्वाद्याहारोपसेवनेनोत्पन्न आमदोषो यदा ज्वरादीन्कुरुते तदा ते गुर्वादयो द्रव्यविशेषा आमोत्पत्तौ सन्निकृष्टनिदानमिति, ज्वरादिषु विप्रकृष्टनिदानमिति च भवन्ति.

भाविव्याधिबोधकमेव लिङ्गं पूर्वरूपम्. यथा—अतिसारे, आध्मानाटोपकुक्षिवेदनाप्रभृतयो भविष्यन्तमतिसारं बोधयन्ति. यथा वाऽङ्गगौरवं, कट्यादिषु व्यथा जृम्भारुचिरोमहर्षादयो भविष्य-

ज्वरबोधकाः. एवमितरेष्वपि. तच्चेदं पूर्वरूपं सामान्यपूर्वरूपविशिष्टपूर्वरूपभेदात् द्विधा भिन्नं भवति. तत्र दोषदूष्यसंमूर्च्छनावस्थाजनितं रोमहर्षादिकं सामान्यपूर्वरूपं रूपावस्थायां नियमेन नानुवर्तते. विशिष्टपूर्वरूपं तु नियमेन रूपावस्थायामनुवर्तत एव, तस्यैव चाभिव्यक्तस्य रूपत्वात्. एतादृश-भेदभिन्नं पूर्वरूपं पुनश्शारीरमानसभेदेन द्विधा भिद्यते। तद्यथा—ज्वरेऽरुच्यादयः शारीरम्; मनो-व्यथनं, हितवचनेषु प्रद्वेष इत्येवमादयो मानसपूर्वरूपमिति च व्यवस्थितिः.

उत्पन्नव्याधिबोधकमेव लिङ्गं रूपम्. यथा मिलिता अरुच्यादय एव ज्वरः. यथा वा कासाद्येकादश रूपाण्येव राजयक्ष्मा.

औषधादिजनितसुखानुबन्ध उपशयः. ते चौषधादयो हेतुप्रत्यनीक-व्याधिप्रत्यनीक-उभय-प्रत्यनीकैस्तथा तेषां विपरीतानामर्थकारैस्त्रिभिराहृत्य षड्भिः प्रकारैर्भिन्ना भवेयुः.

दोषेतिकर्तव्योपलक्षितं व्याधिजन्मसंप्राप्तिः. सा च संख्या-विकल्प-प्राधान्य-बल-काल-विशेषतः पञ्चधा भिन्ना. यथा—अष्टौ ज्वराः, विंशतिः प्रमेहाः, पञ्च कासा इति, व्याधीनामवान्तर-भेदानां संख्यया निर्देशः संख्यासंप्राप्तिः; दोषाणां समवेतानामंशांशकल्पना विकल्पसंप्राप्तिः; स्वतन्त्र-परतन्त्रत्वेन व्याधिविभागः प्राधान्यसंप्राप्तिः, अप्राधान्यसंप्राप्तिरप्यत्रैवान्तर्गता; निदानादीनां संपूर्णा-वयवभेदेन बलाबलसंप्राप्तिः; नक्तं दिनर्तुभुक्तांशैर्व्याधेः कालसंप्राप्तिरुच्यते. संप्राप्तेरुदाहरणं यथा—"आमाशयस्थो हत्वाग्निं सामो मार्गान्पिधापयन्। विदधाति ज्वरमिति.

अपि च न केवलमेभिरेव व्याधिविशेषा निर्धार्यन्ते आयुर्वेदविद्भिः. अपि तु जिह्वामल-मूत्राद्यष्टस्थानादिपरीक्षाप्रकारभेदा बहवो विद्यन्ते. एवमुक्तेषूपायेषु केनाऽपि सम्यगवगतेन व्याधिं ज्ञातु-मलं, किमु वक्तव्यमेभिरुपायकलापैस्तत्त्वतोऽवगतैर्न क्वाऽपि वितथप्रयत्नो भवति व्याधिज्ञाने कुशलो भिषगिति.

तदेवं पञ्चलक्षण-दोष-द्रव्य-रस-वीर्य-धमनीस्पन्दाष्टस्थानादिभिरमोघैरङ्गकलापैः व्याधिनिर्णय-मार्गस्सम्यगायुर्वेदे प्रकाशितः. एवमभिहितो रोगविज्ञानोपायः.

इदं त्विह ब्रूमः—प्रागेव च बहुभ्यः शताब्देभ्यो द्वीपान्तरादागत्य भरतखण्डं प्रविष्टाः शकयवनादयो भिन्नजातीया अत्रत्यानायुर्वेदग्रन्थान्समादायाऽधीत्य च वैद्यविद्यायां भूरि ज्ञानमापुरव-न्निति यत्प्रतिपादितमितिहासेषु. तदप्यविगणय्य हठादेवायुर्वेदो नाम न शास्त्रपद्धतिमनुकरोतीति निरङ्कुशं मुक्तलज्जं च यत्किञ्चित्प्रजल्पन्त्यस्मिन्विधिहते काले कलौ. एवं स्थिते राजकीयानामादरे-णायुर्वेदसंप्रदायम् अभिवर्ध्य पुनरपि चिकित्सातन्त्रमकुटायमाने अत्युन्नते स्थाने समर्पणं शशशृङ्गा-न्वेषणमेवानुकुर्यात्. विस्तरेणाऽतिगम्भीरस्याऽस्य महाप्रभावस्याऽयुर्वेदस्य प्रपञ्चनम् अरण्यरुदितं वा बधिरकर्णजापो वा स्यात्. नाऽनेन वृथा परिश्रमेण किमपि स्यात्प्रयोजनं. तथापि जराव्याधि-विध्वंसिभेषजैर्वर्षसहस्रं जीवितुं समर्थानां परमर्षीणाम् अस्मद्भरतखण्डवासिनां चिकित्सातन्त्रनैपुण्यं स्मरन्तो वयं "विज्ञानखद्योतविजृम्भिताभिर्वाग्भिः" किमपि वक्तुकामा अभूम.

इतः परं चिकित्सामधिकृत्य वक्ष्यामः। तथाहि—प्रागुपक्रमादुपक्रम्यं सुसूक्ष्ममनेन प्रकारेण परीक्ष्योपक्रमे प्रवर्तेत. तद्यथा—शरीरे को दोषो विकृतिमापन्नः, किमत्र कारणं, तद्दोषाश्रयभूता रसादयो धातवः कियद्विकारमापन्नाः, कस्मिन्देशेऽयं रोगी निवसति, किमस्य वयः, किं सत्त्वं, क वा प्रकृतिरस्य रोगपरीतस्य, कदाऽयमुत्पन्नो व्याधिः, किं सामर्थ्यमग्नेः, कथमस्य मनः, किंसात्म्यं किम-सात्म्यं, व्याध्यवस्था च कीदृशी, किमस्याऽधिष्ठानम्, इत्येवमादीनि बहुशः सूक्ष्मसूक्ष्मं विनिश्चित्य तत्प्रत्यनीकभूतं शोधनशमनादिचिकित्साक्रमं यस्सम्यगनुतिष्ठति न स स्खलति जातुचिदित्यत्र न कस्याऽपि विसंवादः स्यात्.

न चायुर्वेदोपपादितश्चिकित्साक्रमश्चिकित्सान्तराणीव तात्कालिकप्रयोजनपराणि; अपि तूपक्रम एवायमुपक्रमो व्याधितानां मनोऽभिनन्दयति. आशुकारी चायमुपक्रमः सुखानुबन्धः, स च हेतु-प्रत्यनीकव्याधिप्रत्यनीकोभयप्रत्यनीकविपरीतार्थकारीति बहुधा भिन्नः.

तत्र हेतुविपरीतो रोगकारणस्य वातादेर्विरुद्धगुणयुक्तानामौषधान्नविहाराणामुपयोगेन व्याधि-प्रशमनमेव. यथा—सन्तर्पणोत्पन्नस्याऽमदोषस्य तद्विपरीतेनापतर्पणेन लङ्घनादिरूपौषधाहाराद्युपयोगेन प्रशमनम्. यथा वा—शीतकारणेनोत्पन्नस्य रोगस्य तत्कारणविपरीतोष्णवीर्यैरौषधाहारादिभिः प्रशमनम्, यथा वा दिवास्वापवृद्धस्य कफस्य तद्विपरीतेन रात्रिजागरणेन प्रशमनं, इत्येवं हेतुप्रत्यनीकस्य दिक् प्रदर्शिता. यद्येवं कृतेऽपि व्याधिरनुबन्ध्येत तदा तं विहाय व्याधिप्रत्यनीको योज्यः, एष हि पूर्वस्मादधिकः.

कोऽसौ व्याधिप्रत्यनीक इति, ब्रूमः—यान्यौषधान्नविहाराण्युपयुक्तानि दोषादीननपेक्ष्य स्वमहिम्ना व्याधिप्रशमकराणि भवन्ति तानि व्याधिप्रत्यनीकद्रव्याणि. तादृशप्रयोगो व्याधिप्रत्यनीकः. यथा—अतीसारे सरणरूपस्य व्याधेः स्तंभनं पाठादि. तद्धि वातादीनां गुणानिरपेक्षेणैव व्याधिं प्रशमयति यथा वा—खदिरः कुष्ठे, शिरीषो विषे, अभ्रकहरिद्रे प्रमेहे, स्वर्णं सर्वरोगेषु, एष व्याधिप्रत्यनीकक्रमः. यद्येवमप्यनुवर्तेत व्याधिः उभयप्रत्यनीको योज्यः बहुगुणत्वात्.

उभयप्रत्यनीको हि स्वमहिम्ना व्याधिं तत्कारणभूतहेतुं च युगपत्प्रशमयति. यथा—वातशोफे दशमूलं युगपद्वातहरं शोफघ्नं च. यथा वा—वातकफग्रहण्यां तक्रं, तद्धि स्वनिष्ठरूक्षकषायाम्लादि-गुणैर्व्याधिहेतू वातकफौ शमयति. द्रव्याख्येन स्वस्वरूपप्रभावेण तक्रात्मना व्याधिं ग्रहण्याख्यं शमयति. अनेन सम्यगुपक्रान्तेन व्याधिरवश्यं जितः स्यात्.

इतः परं तदर्थकारिचिकित्सोपदिश्यते. सा च पूर्वोक्तैस्त्रिभिरप्युपायैर्यत्र नोपशमो व्याधेस्त-त्रोपयुज्यते. एष चोपक्रमः प्रायेण व्याधिस्वरूपतुल्यः स्यात्. फले तु व्याधिप्रशमकरो भवति. यथा—पित्तोपक्रान्ते व्रणशोफे पित्तकरैरेव द्रव्यैरुष्णवीर्यैरुपनाहादयः. यथा वा—छर्द्यां वमनकरं मदनफलम्. यथा वा—अतीसारे हरीतकी. विषे वा विषम् एवं तदर्थकारिप्रयोगस्य दिक् दर्शिता.

एवं दूष्यं देशं बलं, कालं अनलमित्येवमादीन्सम्यग्वीक्ष्य बुद्ध्या वितर्क्य हेतुप्रत्यनीकादि-चिकित्सातन्त्रयुक्तीरभिसमीक्ष्य स्नेहस्वेदवमनविरेचनास्थापनानुवासननस्यादीन्प्राप्तकाले प्रयुञ्जानः कुशलो भिषक् क वा रोगसंकरं न जयेत्? तस्याप्यवशो रोगोऽपि नाम स्याद्भुवि.

एवमनेकशाखाभेदभिन्नस्य परमगम्भीरस्याऽयुर्वेदवटतरोरस्यावयवशो वर्णनमत्राऽसमीचीन-मिति विस्तरभीतेर्विरमामः. यदि कौतुकं चरक-सुश्रुत-वाग्भटादयो ग्रन्थास्तदङ्गभूता वैद्यचिन्तामणि रसरत्नसमुच्चय-योगरत्नाकर-भैषज्यरत्नावल्यादयो ग्रन्थाश्च वीक्ष्यन्तां. ते ह्यस्माकं निदानचिकित्सापद्धति-ग्रन्था इति॰

अपि च मूढगर्भोऽधिमन्थ विद्रधि नाडीदुष्टव्रणनिरुद्धप्रकश भगन्दरप्रभृतिषु बहुषु रोगेषु औषधैरसाध्येषु शस्त्रावचारणमेव समुचितं मन्यन्ते प्राञ्च आयुर्वेदतत्त्वविदः. तत्र च शस्त्रावचरणं कथं कर्तव्यं, तत्र च प्राक्कर्म किं, किं वा प्राधनकर्म, किं वा पश्चात्कर्म, यन्त्रशस्त्राणि स्थान भेदेन प्रयोगभेदेन च किंलक्षणकानि भवितुमर्हन्ति, कतिविधं शस्त्रकर्म, कतिधा भिद्यन्ते बन्ध-विशेषाः, कथं कर्णनासादिषु कपोलात् सजीवं त्वगुत्कृत्य निवेशनं, कथं वा मूढगर्भस्य यन्त्र-शस्त्राणां सहायेनाऽसहायेन वा बहिर्निस्सारणं, कथं वा तिमिराधिमन्थादिषु शस्त्रप्रयोगः इत्येव-मादयो बहवो विषयाः सम्यक्प्रपञ्चिता अस्माकं पूर्वैः. यदि कौतुकं पूर्वोक्ता ग्रन्था वीक्ष्यन्ताम्.

अपरे च निमि-काङ्कायन-भद्रशौनक-विदेह-गालव-चाक्षुष्य-हिरण्याक्ष-काश्यप-भोजप्रभृतीना महतां ग्रन्थाश्च शल्य शालाक्य कायचिकित्सा भूतविद्या कौमारभृत्याऽगद रसायन वाजीकरणात्मकाष्टाङ्ग-प्रतिपादकाः.

(c) विदेशचिकित्सातन्त्रसुखमनुभवितुं द्रव्यम् अलभमाना अन्ये च रोगिणो वैदेशिक-भिषग्भिरचिकित्स्यत्वेन परित्यक्ताः किंकर्तव्यतामूढा अन्तत आयुर्वेदयवनानीचिकित्सकान् शरणं प्रपन्ना विमुक्तरोगा भवन्तीति सर्वेषां नः प्रत्यक्षमेतत् बिना मत्सरपित्तनिबन्धनाचिकित्स्यारोचक-पीडितान्. तेषां ग्रामनामनिदानचिकित्साद्यङ्कितं पुस्तकं धर्मार्थायुर्वेदारोग्यशालासु लभ्येत प्रत्येक-चिकित्सकैः प्रायेणेदृशं पुस्तकं न रक्ष्यते प्रयोजनाभावात्.

यदुच्यते आयुर्वेदपद्धत्यनुसारेण चिकित्सान्तराण्यपेक्ष्य विशिष्टं प्रयोजनमुपलभ्यत इति निरूप्यतामिति. तत्र वयमपि प्रतिब्रूमः प्रदीयतामवकाशः एवं प्रदर्शयितुमिति. प्रागपि चोक्त-मन्यैरचिकित्स्या अस्माभिश्चिकित्स्यन्त इति. तादृशविशिष्टप्रयोजनस्येदमेव मूलं महद्भिः प्राचैर्निर्मि-तया चिकित्साप्रणाल्या कल्पितैरचिन्त्यप्रभावैर्भस्मसिन्दूररसायनघृततैलावलेहासवारिष्टकल्कक्वाथादिक-मेवेति, ईदृशौषधप्रयोगात्प्रागेव क्रियमाणैस्स्नेहस्वेदाभिः प्राक्कर्मभिर्व्याधिरसमूलमुन्मूल्यत इति किमु वक्तव्य-मुपयुक्तेष्वेष्वौषधेषु व्याधिः कान्दिशीकत्वं प्राप्नुयादिति.

III. (a) चेन्नपुर्यायुर्वेदकलाशालायामध्यापकेष्वन्यतमोऽहम्.

(b) (१) विविधेषु चिकित्साक्रमेषु शमनात्मकस्य कस्यचिदेव प्रयोगस्य यथाशक्ति किञ्चिदिव सौकर्य कल्पितम्.

(२) प्रायेण समीचीनमेव स्थानं वैद्यविद्यास्थानस्य सकलसामग्रीसम्पूर्णस्यैकस्याप्य-स्मिन्देशे नोपलब्धिः. एवं स्थिते इदं विद्यास्थानम् एरण्डोऽपि द्रुमायत इति न्यायमनुकरोति.

तत्तद्विद्यास्थानेष्वधिकृतानामनुरुध्य मतं परिहारः कर्तव्य इत्येव वरं मन्ये.

(c) यद्यायुर्वेदविद्यास्थानेषु विद्यमानन्यूनतापरिहार इष्यते तर्हि राजकीयैराद्रियमाणेषु वैद्यस्था-नेषूपयुज्यमानद्रव्येषु यदि कोऽप्यंश आयुर्वेदाय परिकल्प्येत तदा पाश्चात्यवैद्यसंस्थापननिभमायुर्वेदस्थान-मपि नितरां भवेत्. अनेनाचिरेणैव लोके प्रचारः स्यादायुवदस्य.

IV. (a) (१) कालवशात् बहुभिः कारणैरभ्यासाभावेन मलिनतां गते शल्यतन्त्रे तत्राभ्यास-द्वारा हस्तकौशलं शल्यतन्त्रे नैपुण्यं प्राप्तवतः कस्य चिन्महतो गुरोस्सकाशात्सम्यगध्येतुं छात्राः कल्पनीया इत्यत्र न कोऽपि विसंवदेत.

(२) एवं शल्यतन्त्रे स्वानुभवज्ञानमभिवर्द्धयितुं गुरुणा सहैव पाश्चात्यशल्यशालास्व-न्तेवासिनां गमनमधिकृत्याऽपि.

(३) एवमेव शल्यतन्त्रे स्वयमेव विविधान् विचारान्वर्तयितुमुचितं सौलभ्यं सम्पाद्य गुरुणा सह छात्राणामपि कल्पयितुं को हि नाम विसंवदेत ?

उद्दिष्टमेतदधिकृत्य न किमपि प्रयत्नमद्य यावदत्र वाऽन्यत्र वा राजधान्यां कृतमिति कथमिदानीं पूर्णो मनोरथ इति शक्यते वक्तुम्.

(b) वैद्यविषयोऽयमद्याऽस्माकं मन्त्रिणां वशं प्राप्त इति न वयं मन्यामहे लक्ष्यमिदमति-क्रान्तमर्यादमिति—

(१) पाश्चात्यवैद्यशालास्विवायुर्वेदरीत्या शोधनादिपञ्चकर्मचिकित्सानिर्वर्तनायाऽयुर्वेदा-रोग्यशाला बहवोऽस्मिन्देशे स्थापनीयाः.

(२) उद्दिष्टमिदमधिकृत्य समितिरियमुचितं प्रयत्नं कर्तुमर्हतीति.

V. कलिकात्ताविश्वविद्यालयविचारणासमितेरनुरुध्य मतं कथं नाम शक्यत आयुर्वेदं पाश्चात्यचिकित्सातन्त्रं चैकीकृत्य देशेऽस्मिन्सर्वतः प्रचारयितुम्.

सत्यम्—उभयोरपि तन्त्रयो रोगनिवृत्तिरेवाऽभीप्सितमित्यत्रोभयोः साम्यं भवितुमर्हति. परं तदर्थमनुष्ठीयमानेषु साधनेषु भेद एव भवितुमर्हतीत्येतद्विश्वविद्यालयविचारणसमितिः व्यस्मार्षीदिति भृशं शोचामः. आयुर्वेदचिकित्सा हि त्रिदोषतत्त्वं मूलं कृत्वा प्रवृत्ता, न पुनरेवं पाश्चात्यचिकित्सा. आयुर्वेदे हि वातप्रधानेषु ज्वरादिषु वातकराणां कटुतिक्तकषायद्रव्याणामुपयोगो नाङ्गीक्रियते. पाश्चात्यतन्त्रे हि तादृशज्वरादिव्याधीनां तिक्तकषायप्रधानानामेव द्रव्याणामुपयोगोऽङ्गीक्रियते. नाऽपि प्रत्यक्षतो विफलतां गतानपि हन्तां तान्गणयन्ति. एवं स्थिते उभयोरेकीकरणमुभयोरेव गौरवं हन्यात्. तस्मात् नास्मिन्नर्थे समितिरियं प्रयत्नमङ्गीकर्तुमर्हति.

VI. न ह्यायुर्वेदपाठचक्रमेषु प्रकृतिशास्त्रं रसायनशास्त्रम् इत्येवमादीनि नव्यशास्त्राण्यन्तर्भावयितुमावश्यकताऽस्ति. एवं हि इदानीं कल्पितमध्ययनकालमेवाभिवर्द्धयितुं परमलं स्यात् न पुनरायुर्वेदज्ञानाभिवृद्धिं कुर्यात्. तथाऽपि शल्यज्ञानमिदानीं मलिनीभूतमिति तत्परिष्कर्तुं नव्यशस्त्रशालाक्यज्ञानमुपबृंहणरूपेणाऽध्यापनयोग्यं भवितुमर्हतीत्येतत्समित्या न प्रस्मर्तव्यम्.

(*a*), (*b*), (*c*) अन्यत्सर्वं पाठक्रमपरीक्षानियमोत्तीर्णोपाधिप्रदानादिकमायुर्वेदमहामण्डलनियमावलिमनुसृत्य कल्पनीयं भवतीति मन्ये.

VII. (*a*), (*b*) आयुर्वेदवैद्यानां संख्याबोधकपट्टिकानिर्माणे स्वल्पमेवाऽनुकूलं, प्रतिकूलं त्वपरिमितमित्यतो यद्यायुर्वैदिकानां समितिवशे यदीदं स्थाप्येत कार्यं तदङ्गीकर्तुं शक्नुमः, नो चेन्नेति निवेदयितुं विषीदामः.

VIII. पाश्चात्यचिकित्साया विशिष्टं प्रयोजनं प्रयच्छतामस्मद्देशजौषधद्रव्याणां नौभिर्द्वीपान्तरप्रापणं तथा तस्माद्रूपान्तरमुत्पाद्य पुनरस्मद्देशानयने यावान्व्ययः स सर्वोऽप्यायुर्वेदचिकित्सौषधानां नेति महानयमेको लाभः. तथा संपादितान्यौषधानि व्ययीकर्तुम् अस्मिन् देशे द्वीपान्तरादानीतान् पाश्चात्यवैद्यविशारदान् शतशोऽत्र संस्थाप्य सहस्रशस्तेषां वेतनदानेन यो महान् व्ययः सोऽपि नापेक्षत इति द्वितीयो लाभः. अपि च, लक्षशो द्रविणं व्ययीकृत्य निर्मितानामातुराणां च कृते साडम्बरप्रासादादीनामप्यवकाशो नास्तीति तृतीयो लाभः. तत्र च प्रासादशिखरप्रान्तेष्वत्युन्नतेषूह्यमानपवनेष्वनवरतम् इतस्ततस्सोल्लासं सञ्चरन्तीनां धात्रीणां बहूनां तथा तादृशनराणां च वेतनदानेन यो व्ययस्सोऽपि तावान् नास्त्यत्रेति चतुर्थो लाभः एतादृशैराडम्बरैर्निर्मितेषु पाश्चात्यवैद्यालयेषु विद्यमानैर्दशाऽपि वैद्यवर्यैर्न निर्वर्तयितुं शक्यते यदेकेनायुर्वैदिकेन क्रियते. अपि च तेषां पाश्चात्यवैद्यनिपुणानामौषधनिर्माणपरिश्रमोऽपि नास्ति. अस्ति पुनरायुर्वैदिकानां तदित्येतदपि न प्रस्मर्तव्यम्, तथा हि अस्त्यत्र चेन्नपुर्यां कैरवणक्षेत्रे कलवल कण्णन्श्रेष्ठिवर्यैर्निर्मितो धर्मार्थायुर्वेदौषधालयः, अस्ति चात्रैवान्यत्र शूलैविभागे वेङ्कलरायनायकानां धर्मार्थौषधालयः. उभयोरपि प्रत्यहं माकीमाहत्य सप्तशतसंख्याका रोगिणश्चिकित्सां प्राप्नुवन्ति. उभयोरपि धर्मौषधालययोः प्रत्येकं द्वावेव भिषजौ भवतः. एतावेवापेक्षितान्यौषधानि द्वित्राणां भृत्यानां सहायेन तदा तदा निर्मापयन्ति. उभयोरपि शालयोराहत्य मासि मासि माकीं शतद्वयाधिकसहस्रं रूप्याणि व्ययीक्रियन्ते. तमेतं व्ययं मूलं कृत्वा पाश्चात्यातुरालयेषु प्रत्यहमागतानां कियद्रोगिणां कति व्ययीकृतम् इति सम्यग्विमृश्य समितिरेवाऽनयोर्व्ययतारतम्यं विदांकरोतु.

IX. पूर्वमस्मदीयैराजभिरशोकभोजप्रभृतिभिः सादरं परिरक्षितमायुर्वेदमद्यतनाऽस्मदीयराजानो यथाऽस्मीयं पाश्चात्यवैद्यं सप्रमोदं परिरक्षन्ति तथा न रक्षितुमुद्युक्ता इत्येतदेवायुर्वेदस्याद्यतनशोचनीयदशायाः कारणम्.

X. (a), (b), (c), (d) राजकीयैर्मण्डलाधिकृतैर्विश्वविद्यालयैरन्याभिश्च समितिभिर्यथा पाश्चात्यवैद्येऽभिनिवेशो नाट्यते तथा यद्यायुर्वेदेऽपि पक्षपातं विना क्रियेत तर्हि किमु वक्तव्यमस्मदीयैर्वैदेशिकैश्च सादरमायुर्वेदादायुरारोग्यं च प्रतिपाल्येते इति ॥

नमामि धन्वन्तरिमादिदेवं सुरासुरैर्वन्दितपादपद्मम् ।
लोके जरारुग्भयमृत्युनाशं धातारमीशं विविधौषधीनाम् ॥

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(3) M.R.Ry. Ayurvedacharya N. MADHAVA MENON, Avargal.
,, Ayurveda Bhushana K. SUBRAHMANIA SASTRY, Avargal.
,, ,, ,, K. A. VENKATACHALA SASTRY, Avargal.
,, ,, ,, G. BHANU VAIDYAR, Avargal.
,, ,, ,, P. SOMASUNDARA DEVAR, Avargal.

श्रीधन्वन्तरये नमः.

मद्रासराजकीयैर्नियुक्तदेशीयवैद्यविमर्शकसमितेः प्रश्नानामुत्तराणि, १२-४-२२ दिवसे प्रवृत्ते नि. भा. आ. महामण्डलस्थानिकसंघाधिवेशने स्वीकृतानि ॥

१ वयमायुर्वेदमेवाधिकृत्य व्यवहरामः ॥

२. आयुर्वेदशास्त्रानुरोधेन शरीरे रोगा वातपित्तकफाख्यानां दोषाणां वैषम्येण जायन्ते । यथा आचार्यवाग्भटः उपदिशति "रोगस्तु दोषवैषम्यं दोषसाम्यमरोगता" इति । अत्र दोषाणां वैषम्यस्वरूपावबोधाय समावस्थास्थितानां तेषां निरूपणं अत्यन्तावश्यकमिति दिङ्मात्रमत्र तन्निरूप्यते.

शरीरमिदमस्ति पाञ्चभौतिकैर्दोषधातुमलाख्यैः पदार्थैः सङ्कुलितम् । तत्र दोषा वातपित्तकफाः प्रत्येकशः पञ्चशो भिन्नास्तत्तत्स्थानकर्मविशेषानुरूपाभिधानानि च बिभ्रन्तः शारीराणि मानसिकानि च सर्वाणि कर्माणि समाः सन्तो निर्वर्तयन्ति ॥

धातवस्तु यथा कस्यचन यन्त्रस्य निर्माणाय तदवयवभूतानां फलककीलकनालिकाशलाकादीनां संहननाय दारुलोहादय उपादानपदार्था उपकृता भवन्ति, तद्वच्छरीरबन्धनाय सामग्रीभूताः पदार्थाः.

मलाः शरीरस्य तत्तत्स्थानीया हेयाः पदार्थाः मला इत्यभिधीयन्ते ॥

अधुना दोषाः किंरूपाः, किंकर्माणः, कथं ते शारीराणां मानसिकानां च कर्मणां निर्वाहकाश्च भवन्तीति सामान्येन निरूप्यते । तत्र—

वायुः—शारीरो वायू रूक्षलघुशीतखरसूक्ष्मचलात्मको वाय्वाकाशभूतगुणः, 'प्राणः, अपानः, समानः, व्यानः, उदानः', इति तत्तत्स्थानकार्यविधानानुकूलनामपञ्चकधरः, समः, सन्, उत्साहोच्छ्वासनिश्वासचेष्टावेगप्रवर्तनधातुसंवहनेन्द्रियप्रसादनादिभिः कर्मभिः शरीरं चेतयति । विना चानेन वायुना न प्रभवन्ति धातवो मलाश्चापरौ वा दोषौ किञ्चिदपि कर्म निर्वोढुमित्यायुर्वेदवैद्यशास्त्रसिद्धान्तः ।

यथा किमपि ट्राम्‌शकटं सम्यङ्गनिविष्टसर्वाङ्गं सुस्निग्धश्लिष्टसन्धिकमपि विना वैद्युतवेगेन यथावदनुप्रयत्नेन न प्रभवति विचलितुमपि, तथैव विना समेन वायुना शरीरमपीत्यभिप्रायः । शरीरे भवन्तु नाम मांसपेशीधमनीनाडीप्रभृतयस्सर्वेऽप्यवयवास्ते सर्वेऽपि स्वकीयचेष्टानिर्वहणायातिवेलमपेक्षन्त एव वायवीं शक्तिमिति पिण्डार्थः ॥

पित्तम्—शारीरस्योष्मणो निदानभूतोऽयं दोषः पञ्चभूतात्मकोऽपि तेजोगुणोत्कटस्तीक्ष्णोष्णलघुविस्रसरस्निग्धद्रवगुणः, 'पाचकः, रञ्जकः, भ्राजकः, आलोचकः, साधक' इति पञ्चभेदभिन्नः, तैजसत्वाचायं निरन्तरं शरीरे समुचितपरिमाणमूष्माणमुत्पाद्य क्षुत्तृड्रुचिप्रभामेधाधीशौर्यतनुमार्दवादिभिः कर्मभिः समावस्थायां शरीरमनुगृह्णाति' ॥

श्लेष्मा—अयं दोषो भूमिजलात्मको यथा वातपित्ताभ्यां समुदीर्णाभ्यां शरीरं नाहतं स्यात्तथा स्वकीयेनौदकधर्मेण धातून् सदापि संरक्षति । स च स्निग्धशीतगुरुमन्दश्लक्ष्णमृत्स्नस्थिरगुणः, तत्तत्स्थानक्रियादिभिः 'क्लेदकः, बोधकः, अवलम्बकः, तर्पकः, श्लेषकः' इत्युपात्तपञ्चनामा, स्थिरत्वस्निग्धत्व सन्धिबन्ध क्षमादिभिः शरीरं परिपालयति ॥

यद्यप्येते दोषाः कृत्स्नं शरीरमभिव्याप्य तिष्ठन्ति, तथापि तेषां प्रधानकेन्द्राणि कानि च न निर्दिष्टानि सन्ति । तानि च यथावदत्र किञ्चिन्निरूपयामः.

तत्र—वातस्य—पक्वाशयकटीसक्थिश्रोत्रास्थिस्पर्शनेन्द्रियाणि विशेषेण भवन्ति ।

पित्तस्य—नाभ्यामाशयस्वेदलसीकारुधिररसदृक्स्पर्शनानि च विशेषतः स्थानानि ॥

श्लेष्मणः—उरःकण्ठशिरःपर्वामाशयरसमेदोघ्राणजिह्वा विशेषस्थानानि ।

धातवस्तु—रसासृङ्मांसमेदोऽस्थिमज्जाशुक्राणीति सप्तसंख्याका भवन्ति । तेषां कर्माणि च प्रीणन जीवन लेपन स्नेहन धारण पूरण गर्भोत्पादनानि यथाक्रमं वर्तन्ते ।

मलाः—वर्चो मूत्र स्वेद सिंघाण दूषिका पिञ्जूषादयः । तेषां कर्माणि तावदवष्टंभनक्लेदवहनक्लेदविधृतिस्रोतस्स्नेहनादीनि ॥

दोषा यावद्विकृतिमप्राप्ता यथास्वमेव शरीरस्वास्थ्यसंपादकं कर्म कुर्वाणा धात्वादीनपि स्वधर्मनिर्वहणे यथावदनुवेलमुत्तेजयन्तो देहमुपकुर्वन्ति, तावत्ते धातुपदवाच्या भवन्ति । "शरीरधारणाद्धातवः" इति ॥

इदानीं काचन जिज्ञासा स्वयं संजायेत. कथमेते धातुपदवाच्या देहानुग्रहधुरंधरा वातपित्तश्लेष्माणो दोषत्वमुपगच्छन्तीति । अत्र ब्रूमः—एते वातपित्तश्लेष्माणः अहिताहारविहारादिभिर्वृद्धिक्षयात्मकं वैषम्यमुपगम्य स्वस्वस्थानतः प्रभ्रष्टाः विलीनाश्च तदाश्रयीभूतधातुमलादीन् यतो दूषयन्ति ततस्ते दोषा इत्युच्यन्ते । एवं चैषां दोषत्वम् । दोषाणां दुष्टिस्तु पुनरेवम्;- यथा—

"कालार्थकर्मणां योगो हीनमिथ्यातिमात्रकः ।
सम्यग्योगश्च विज्ञेयो रोगारोग्यैककारणम् ।"

कालार्थकर्मणां हीनमिथ्यातियोगैः कारणैर्वातादयो दूष्यन्ते । तत्र कालः—यद्यपि शास्त्रेषु सूक्ष्मतया ऋत्वनुसारेण मात्रादिभिश्चानेकशो विभागः कालस्य दृश्यते, तथापि कालस्य शीतादिस्वभावभेदव्यवच्छेदेनात्र "उष्णः, शीतः, वर्षा," इति त्रिधा स्थूलो विभागो वर्तते । तत्रोष्णकाले यदा स्वाभाविकोष्णस्याभावस्तदानीं स कालस्य मिथ्यायोगः । यद्युष्णं स्वल्पं स्यात्तर्हि स कालस्य हीनयोगः । यद्यधिकं स्यात्तर्हि स अतियोगः । एवमेव शीतवर्षाकालयोरप्यवधेयम् । अथ अर्थः—

इन्द्रियाणां स्वस्वार्थेषु हीनमिथ्यातिमात्रका योगा यदि स्युस्तेऽपि कालवदेव दोषदूषणहेतवो भवन्ति। तथैव कर्मणामपि विचार्यम् । एतैर्दोषाः कथं दुष्टा भवन्तीत्युच्यते—

"वृद्धिः समानैस्सर्वेषां विपरीतैर्विपर्ययः" ॥

शरीरे दोषधातुमलाः स्वसमानद्रव्यादिभिर्वृद्धिं तदितरैः क्षयं चोपयान्तीति नियमेन दर्शनात् सिद्धान्तस्यास्य नैव कुत्रापि विभङ्गो दरीदृश्यते । यतः प्रत्यक्षप्रमाणत्वात् । मधुररसविशिष्टे क्षीरे यदि शर्करा निक्षिप्यते तदानीं क्षीरे माधुर्यं अधिकं भवति । यदि तत्र किञ्चित् तद्विपरीत-रसं किराततिक्तचूर्णं निक्षिप्येत तर्हि अवश्यमेव क्षीरनिष्ठं माधुर्यमल्पीभवति । एवमेव वातपित्ता-दयोऽपि यथाक्रमं रूक्षोष्णस्निग्धादिभिर्वृद्धिं तद्विपरीतैः स्निग्धशीतरूक्षादिभिः क्षयं चोपयान्तीति मन्तव्यम् । ततो दोषादयः समानद्रव्यकालदेशविहारैर्वृद्धिं तदितरैः क्षयं चाप्नुवन्तीति सिध्यति ॥

द्रव्यं नाम वैद्यशास्त्रे रसगुणवीर्यविपाकप्रभावाणां आश्रयं पाञ्चभौतिकं वस्तु निगद्यते । द्रव्याणामाकृत्या कर्मणा च नानात्वं तत्तद्द्रव्यनिष्पत्तौ कारणभूतानां पञ्चमहाभूतानां तरतमांशसंयोग-विशेषेण जायते । द्रव्येषु येषु यो भूतः अधिकांशेनानुप्रविष्टस्तानि द्रव्याणि तदीयत्वेनाभ्युपगम्यन्ते यथा पार्थिवं, आप्यं, वायव्यं, नाभसं, आग्नेयमिति । परं तु न हि पञ्चभूतसमवायं विना केव-लेन केनैव भूतेन किमपि द्रव्यमुत्पद्यते ॥

द्रव्येषु रसगुणवीर्यविपाकप्रभावा इति सन्ति पञ्च भावविशेषाः, यैस्तानि द्रव्याणि शरीरे तत्त-त्कर्माणि कर्तुं क्षमन्ते ।

तत्र—रसो नाम द्रव्येषु विद्यमानो रसनेन्द्रियवेद्यो भावविशेषः । सोऽपि षोढा विभज्यते 'स्वाद्वम्ललवणतिक्तकटुकषाया' इति । तत्र भूमिजलाभ्यां भूताभ्यां स्वादुः, अग्नि-भूमिभ्यामम्लः, अग्निजलाभ्यां लवणः, आकाशवायुभ्यां तिक्तः, अग्न्यनिलाभ्यां कटुः, भूमिवायुभ्यां कषायश्च संजायते । अत्रैवंभूतेषु षट्सु रसेषु मधुराम्ललवणास्त्रयो मारुतं, तिक्तकटुकषायाः कफं, कषायतिक्तमधुराः पित्तं च घ्नन्ति । तथा तिक्तकटुकषाया वातं, स्वाद्वम्ललवणाः कफं, कटुकाम्ल-लवणाः पित्तं च कुर्वते । एते च पुना रसानुरसभेदतस्तावदुत्कर्षापकर्षतारतम्यविकल्पनया असं-ख्येया भवन्ति ।

गुणाः—एते विंशतिसंख्याका भवन्ति द्रव्यनिष्ठाः । गुरुः, लघुः, मन्दः, तीक्ष्णः, शीतः, उष्णः, स्निग्धः, रूक्षः, श्लक्ष्णः, परुषः, सान्द्रः, द्रवः, मृदुः, कठिनः, स्थिरः, सरः, सूक्ष्मः, स्थूलः, विशदः, पिच्छिलः इति । एतेषु च गुणेषु गुर्वादयः श्लेष्मणः समानत्वात् श्लेष्माणं, उष्णादयः पित्तं, रूक्षादयो वातं च वर्धयन्ति समानत्वात् । तथा विपरीता गुणा वातपित्तकफान् विपरीतत्वान्नाशयन्ति च ।

वीर्यं पुना रसविपाकादिभ्यो विभिन्ना शक्तिः । 'द्रव्याणि येन कर्म कुर्वन्ति तद्वीर्यम्' इति सुश्रुतः । (सु.सू. ४१-अ.) अतो 'रसविपाकप्रभावगुणसमुदायसंपन्नः कोऽपि द्रव्याश्रितो भावः वीर्यम्' इति नावीनसंगतम् । यतः गुरुस्निग्धहिममृदुलघुरूक्षोष्णतीक्ष्णाख्या गुणाश्च वीर्यत्वेन वाग्भटेन अभिहिताः । संशमन-संधुक्षण-शोधन-पाचनादयः क्रियाः स्निग्धोष्णतीक्ष्णादिभिः गुणैरेव यतो निर्वर्त्यन्ते, अतः संगच्छते तेषामेव (गुणानां) वीर्यत्वव्यवहार इति वाग्भटो विवृणोति । चरकस्त्वाह "वीर्यं तद् येन या क्रियते क्रिया । . . . गुर्वादिष्वेव वीर्याख्या तेनान्वर्थेति वर्ण्यते । समग्रगुणसारेषु शक्त्युत्कर्षविवर्तिषु । अतश्च विपरीतत्वात् संभवत्यपि नैव सा । विव-क्ष्यते रसाद्येषु वीर्यं . . " । वाग्भटः 'उष्णं शीतं द्विधैवान्ये वीर्यमाचक्षतेऽपि च' । इति

वीर्यस्य संग्रहेण द्वैविध्यमपि अङ्गीकरोति । अत एवाष्टसु विनिर्दिष्टेषु गुणाभिधेषु वीर्येषु अनयोः विशिष्टबलवत्त्वं अभिदधाति वाग्भटः—"नानात्मकमपि द्रव्यमग्नीषोमौ महाबलौ" इति । किञ्च चिन्त्याचिन्त्यक्रियाहेतुत्वेन वीर्यं द्विधा । द्रव्यरसादीनां स्वस्वोचितेषु कर्मसु स्वभावानुरूपा शक्तिः चिन्त्यक्रियाहेतुः । अचिन्त्यक्रियाहेतुः प्रभावनाम्ना निगद्यते । द्रव्याणां रसाद्यननुरूपकार्यकरणशक्तिर्या सवाचिन्त्यक्रियाहेतुः । "भूतप्रभावातिशयो द्रव्ये पाके रसे स्थितः । चिन्त्याचिन्त्यक्रियाहेतुर्वीर्यं धन्वन्तरेर्मतम् ॥"—शिवदासः ।

रसविपाकप्रभावगुणसमुदायसंपन्नो द्रव्यनिष्ठः कार्यकारी कोऽपि भावविशेषो वीर्यमित्युच्यते । तच्च द्विविधं भवति—शीतमुष्णं चेति । अत एव जगति विद्यमानाः सर्वेऽपि पदार्थाः द्वेधा विभज्यन्ते—सौम्या, आग्नेया इति । अथ वा उष्णवीर्यविशिष्टाः, शीतवीर्यविशिष्टा इति ।

विपाकः—अस्माभिरभ्यवह्रियमाणाः सर्वेऽपि रसा अन्तरग्निसंयोगेन मधुराम्लकटुकत्वेनैव प्रायः परिणमन्तीति सिद्धान्तः । अयं च विपाको नाम फलानुमेयो भवति । तत्र मधुरविपाकः शीतवीर्यः, अम्लकटुविपाकौ उष्णवीर्यौ च स्तः । रसेषु मधुरलवणौ मधुरविपाकौ, अम्लोऽम्लविपाकः, तिक्तकटुकषायाः कटुविपाकाश्च प्रायो भवन्तीति सिद्धान्तोऽयमाहारपरिणामजन्यफलानुमेयो वर्तते, परमानुभविकश्च ॥

प्रभावः—अयं च कारणानुरूपं कार्यमिति साधारणमर्यादामुल्लंघ्य द्रव्येषु केषुचन दृश्यमानो विस्मयजनको धर्मविशेषः । यथा—

"ज्वरं हन्ति शिरोबद्धा सहदेवीजटा" इति ।

एवंविधरसादिविशिष्टैर्द्रव्यैः स्वसमानैः वातपित्तकफानां वृद्धिः, स्वासमानैः क्षयश्च भवतीत्यध्यवसायः ।

दोषाणां हि वैषम्यं तेषामुद्रेकेण क्षयेण वा संजायते । दोषा उद्रेकावस्थायां यथास्वं कर्माण्यधिकानि कुर्वते । क्षीणावस्थायां तदीयानि कर्माणि जहति । समाः स्वकीयं कर्म यथावत् कुर्वते ।

"य एव देहस्य समा विवृद्ध्यै त एव दोषा विषमा वधाय ।
यस्मादतस्ते हितचर्ययैव क्षयाद्विवृद्धेरिव रक्षणीयाः ॥"

दोषास्तावद्धेत्वनुसारेण हीनमिथ्यादिभिः कालार्थकर्मणां नानाविधवृद्धिक्षयात्मकसंसर्गसन्निपातादीनापद्य संमूर्च्छ्य च परस्परं कतिविधान् विकारान् जनयेयुरिति संख्यया सूक्ष्मतः परिच्छेत्तुं नैव सुशकम् ।

एवमायुर्वेदसिद्धान्तानुसारेण दोषवैषम्यमेव रोग इति निर्धारणे न कापि दृश्यते अनुपपत्तिः । अतो दोषवैषम्यमेव रोग इति सिद्धान्तः ।

आधुनिकशास्त्रपरिशोधनस्य कथमयं सिद्धान्तः साधुतां प्रतिपद्यत इति वक्तुं तच्छास्त्रे पर्याप्तपरिज्ञानविहीना न वयमुत्सहामहे ।

(B)—रोगनिर्धारणक्रमाश्रकिरता च ॥

रोगविनिश्चयार्थमायुर्वेदशास्त्रेषु सन्ति विविधाः परीक्षाक्रमास्तत्र तत्रोपदिष्टाः । तत्र प्रथमतो रुग्णपरीक्षा रोगपरीक्षा—चेति द्विधा विभागो वर्तते ।

रुग्णपरीक्षाक्रमः ।

दर्शनस्पर्शनप्रश्नैः रोगिणं परीक्षेत इति । तत्र दर्शनम्—अनेनोपायेन रोगिणः सर्वाङ्ग-निरीक्षणं, येन तदानीमाविष्टेन रोगेण तस्य शरीरप्रकृतेर्मलमूत्रनेत्रजिह्वादीनां श्वासोच्छ्वासयोश्च के के विकारा जाता इति निर्धार्यते ।

स्पर्शनम्—एतेन रोगिणः शरीरस्य तदानीन्तनोष्णशैत्यमृदुकाठिनादयो भावा नाडीगति-विशेषाश्च निश्चीयन्ते ।

प्रश्नः—एतेनोपायेन रोगिणो वेदनाविशेषाः, वेदनाधिष्ठानविशेषाः, क्षुत्तृड्रुचिपानान्नाभिलाषोप-शयानुपशयाश्च विचार्य त्वनिश्चीयन्ते ॥ एते त्रय उपायाः संक्षेपतो रोगसामान्योपयोगित्वेन प्रायशः सर्वत्र समुपयुक्ताः । परं तु रुग्णपरीक्षणसमये शरीरस्य बाह्याभ्यन्तरपरिस्थितीनां निष्कृष्टावबोधाय "पञ्चभिरिन्द्रियैः प्रश्नेन चे"ति षड्भिरुपायैरवश्यं परीक्षा कार्या । विषयस्यास्य विस्तरः सुश्रुत-संहितायां द्रष्टव्यः ।

रोगपरीक्षाक्रमः ।

रोगपरीक्षणप्रकारनिरूपणात् प्रागेव रोगाः कतिधा भिद्यन्त इति निरूपणमपि तन्निर्णयप्रतीकार-विषये उपयोगि स्यादिति कृत्वा स्तोकमत्र तद्विलिख्यते । रोगास्तु सहजाः, गर्भजाः, जातजाः, पीडाकृताः, कालजाः, प्रभावजाः, स्वभावजाश्चेति सप्तधा भिद्यन्ते । तत्र—

(१) सहजाः—शुक्रार्तवदोषान्वयाः पितृजा मातृजाश्च कुष्ठार्शोमेहादयो रोगाः ।

(२) गर्भजाः—जनन्यपचारात् दौहृदविमाननाच्च जायमानाः कौब्ज्य, पाङ्गुल्य, किलासा-दयोऽन्नरसजा रोगाः ॥

(३) जातजाः—सन्तर्पणापतर्पणजाः स्वापचारजा रोगाः ।

(४) पीडाकृताः—क्षतभङ्गप्रहारक्रोधशोकभयादयः शारीरा मानसाश्च रोगाः ।

(५) कालजाः—शीतादिकृतज्वरादयोऽव्यापन्नजा असंरक्षणजाश्च रोगाः ।

(६) प्रभावजाः—देवगुरूल्लंघन शापाथर्वणादिकृता ज्वरादयः पैशाचादयश्च रोगाः ।

(७) स्वभावजाः—क्षुत्पिपासाज्वरादयः कालजा अकालजाश्च रोगाः ॥

एवं बहुशोभिद्यमाना अपि व्याधयो निजागन्तुतां नैव व्यभिचरन्ति । तत्र निजाः दोषोत्थाः । तेषु पूर्वं वातादयो वैषम्यमापद्य ततो व्यथा अभिनिर्वर्त्यते । आगन्तुजाः बाह्यहेतुजा भवन्ति । तेषु व्यथा पूर्वमुपजायते तदनन्तरं दोषदुष्टिरिति भेदः ।

एतादृशबहुभेदभिन्नान् सर्वानपि रोगान् एकैकशो यथास्वैः निदानप्राग्रूपलक्षणोपशयसंप्राप्तिभिः पञ्चभिः परीक्षेत । एते पञ्चोपायाः एकस्यामयस्य निर्धारणोपयुक्ता भवन्तीति हेतोस्तेषां सर्वेषामपि सामान्येन "निदान"मिति संज्ञा साधीयसी भवति । यतो निश्चित्य दीयत इति निदानम् । अथवा निर्दिश्यते व्याधिरनेन इति वा । तत्र—

(१) निदानम्—अहिताहारविहारादिभिः वाय्वादीनां प्रकोपो रोगस्य निदानं भवति ।

(२) पूर्वरूपम्—येन लक्षणेन भाविव्याधिविशेषो लक्ष्यते तत् पूर्वरूपं भवति ।

(३) लक्षणम्—उत्पन्ने व्याधौ दृश्यमानं लक्षणं व्याधिस्वरूपबोधकं भवति ।

(४) उपशयः—हेतुव्याधिविपरीतैर्विपरीतार्थकारिभिश्चौषधान्नविहारैरुपलक्ष्यमाणः सुखानुबन्धः ।

(५) संप्राप्तिः—दोषः केन कारणेन कथं दुष्टः केन मार्गेण कुत्र कुत्र परिसर्पन् कान् धातून् अवयवांश्च दूषयित्वा व्याधिमुत्पादितवानित्याकारकः शरीरस्य विकृतावस्थाविशेषः संप्राप्तिशब्देन व्यवह्रियते ॥

अपि चैवंविधपरीक्षोपायैः सह दूष्यं, देशं, बलं, कालं, अनलं (जाठराग्निं धात्वग्निं च), प्रकृतिं, वयः, सत्वं, सात्म्यं, आहारं, विविधावस्थाविशेषांश्च सूक्ष्मसूक्ष्मं समालोच्य विज्ञाय तदनुरोधेन रुग्विनिश्चयः कार्यः । एतादृशरुग्विनिश्चयप्रणाल्या सर्वेषामपि रोगाणां (नवीनतया समुत्पद्यमानानामपि) स्वरूपं विज्ञातुं चिकित्सितुं च पार्यत एवायुर्वेदशास्त्रज्ञैः । यतस्तादृशी किल रुग्विनिश्चयप्रणाली, चिकित्साप्रणाली च प्रकाशिते तैर्विमलविपुलप्रतिभैर्महर्षिभिः पुरातनैः । त एते प्रणाल्यौ हि शरीरस्य, मनस, आत्मनश्च परस्परसंबन्धे विद्यमानानि भौतिकान्यात्मीयानि च मूलतत्वान्यास्पदीकृत्य संघठिते स्त इति हेतोर्भूतवर्तमानभविष्यत्कालेष्वपि न कुत्राप्यसंगते स्यातामित्यधः कथयिष्यमाणेन विशदीकुर्वन्ति शास्त्रकर्तारः । यथा—"विकारनामाकुशलो न जिह्रीयात् कदाचन। न हि सर्वविकाराणां नामतोऽस्ति ध्रुवा स्थितिः ॥ दूष्यं देशं बलं कालमनलं प्रकृतिं वयः । सत्वं सात्म्यं तथाहारमवस्थाश्च पृथग्विधाः ॥ सूक्ष्मसूक्ष्माः समीक्ष्यैषां दोषौषधनिरूपणे । यो वर्तते चिकित्सायां न स स्खलति जातुचित् ॥"

चिकित्सातत्वम्

उपक्रम्यस्य रोगिणः बृंहणीयलंघनीयभेदेन द्वैविध्यादुपक्रमोऽपि सन्तर्पणापतर्पणभेदेन द्विधा भवति । सन्तर्पणं बृंहणमपतर्पणं लंघनं च स्तः ।

रोगास्तावद्दोषवैषम्येण जायन्त इति, तेषां दोषाणां वैषम्यमपि वृद्धिक्षयात्मकमिति च पूर्वमेव प्रत्यपादि । "रोगस्तु दोषवैषम्यं दोषसाम्यमरोगता" इति । अत आरोग्योत्पादानार्थं तथा वृद्धिं क्षयं चोपगतान् दोषान् यथाक्रमं क्षपणेन वर्धनेन च समीकुर्यादिति सिध्यति । अतश्चिकित्सितव्यस्य बृंहणीयत्वलंघनीयत्वभेदेन द्वित्वावस्थित्याचिकित्सितं सामान्यतो बृंहणं लंघनमिति द्विविधं भवति । तत्र—

बृंहणं नाम चिकित्सितं भूमितोयगुणाधिकैः पदार्थैः क्रियते । येन शरीरं बृंहितं भवति ।

लंघनम् तु यत् स्थूलस्य शरीरस्य लघूकरणाय क्रियमाणं तत् चिकित्सितं तेजोवाय्वाकाशगुणाधिकैः पदार्थैरुपहितं भवति । एतच्च लंघनं "शोधनं, शमनं" चेति पुनर्द्विधा भवति ।

शोधनं नाम यच्छरीरे सञ्चितानामुपद्रवकारिणां च दोषाणां निर्मूलतो बहिर्निष्कासनाय क्रियमाणं चिकित्सितम् । तच्च पञ्चविधं—निरूह, वमन, विरेक, नस्य, रक्तमोक्षणभेदेन भवति । एतैश्च शोधनप्रकारैर्वातपित्तश्लेष्मणां रक्तस्य च शोधनं भवति । एतानि च शोधनानि तत्तद्दोषाधिकेषु रोगेषु तद्योग्यासु चावस्थासु दोषाणां संसर्गसन्निपातादिविविधविकृतिविशेषेषु च रुग्णस्य प्रकृत्यनुसारेण देशकालबलानुसारेण चोत्तमाधममध्यमभेदेनोहापोहविचक्षणस्य विपश्चितो वैद्यस्य कल्पनाविशेषेण भवन्त्यसंख्येयानि । प्रकुपितानामुत्क्लिष्टानामुन्मलनाय दोषाणां यथा शोधनानि भवन्त्यलं न तथेतर उपायः ।

शमनं यत् चिकित्सितमुद्रिक्तान् दोषान् न शोधयति समानपि नोदीरयति, परं तु केवलं विषमान् दोषान् अन्तरेव समीकरोति तच्छमनमित्युच्यते ।

बृंहणमपि केवलस्य पित्तसंसृष्टस्य च वायोः शमनमेव। आयुर्वेदवैद्यशास्त्रस्यायं सिद्धान्तोऽस्ति यत् स्नेहनरुक्षणस्तंभनस्वेदनलेखनदीपनपाचनजीवनतर्पणादिभिः क्रियाविशेषैर्भिन्नाः सर्वेऽपि चिकित्साविशेषा बृंहणलंघनयोरेवान्तर्भवन्तीति ।

आयुर्वेदवैद्या एवं विश्वसन्ति यदिदं शरीरं पञ्चभूतमयं तत् तस्य वर्तनाय पोषणाय चास्माभिरभ्यवह्रियमाणादाहारजाताच्छरीरे तत्तद्भूतांशा आत्मनीनानंशानादाय परिहृत्य चानात्मनीनान् तुष्टिं पुष्टिं चोपयान्तीति । आहारनियमेषूल्लंघितेषु अयथाप्रकारमुपयुक्तेषु च तेषु शरीरे केषांचन भूतानामंशाः पुष्टिं तदपरे कार्श्यं च प्राप्नुयुः । अयथाप्रमाणं परिपुष्टा भूतांशाः स्वसमावस्थाप्रापणाय यतन्ते । वृद्धिं गता भूतांशास्तद्विपरीतगुणेषु पदार्थेषु, कार्श्यं गता भूतांशाः स्वसमानगुणेषु पदार्थेषु चाभिलाषमुत्पादयन्ति । अतः पूर्वस्मिन् लंघनमपरस्मिन् बृंहणं च विधातव्यं भवति । एवं शरीरे अहिताहारविहारैर्भौतिका दोषधातुमला न्यूनातिरेकतारतम्यवशादनेकशो विकुर्वन्ति । तत्र सर्वत्रापि वृद्धस्य क्षपणेन क्षीणस्य वर्धनेन च कर्तव्यं चिकित्सितमिति सिध्यति ।

रोगास्तावन्निजागन्तुविभागेन भिन्ना अपि ते भेषजसाध्याः शस्त्रक्षाराग्निसाध्या इति च चिकित्साप्रकारानुरोधेन विभागमर्हन्ति । तत्र भेषजसाध्यानां रोगाणामुपक्रमप्रकारा यथास्थूलं लिखिताः। इतः परं च सन्ति बहवो अंशा वक्तव्याः सूक्ष्मतया, तान् सर्वानपि विलिख्योत्तरमेतदतिदीर्घं न चिकीर्षामः । अथापि शस्त्रक्रियासंप्रदायाः सम्यगेवायुर्वेदे संप्रकाशिता वर्तन्त इति प्रकाशयितुमेव केवलं तदीयान् कांश्चन विषयानत्र किंचिदुद्धरामः । बृंहणलंघनरूपभेषजक्रिययासाध्यान् रोगान् शस्त्रेण क्षारेणाग्निना वा येन केनापि प्रकारेण आमयाविनो बाधां प्रशमय्य तस्मै आरोग्यप्रदानाय उपयुक्ताः सर्वेऽपि विषया सुविशदं निरूपिता वर्तन्ते । तथैव सूतिकर्मविषयो मूढगर्भाहरणप्रकारश्च साधु समुपवर्णिताः सन्ति । शल्यतन्त्रप्रसूतितन्त्रयोर्विषयविस्तरः सुश्रुतसंहितायां विलोकनीयः ।

शस्त्रविषये प्रथमतः शस्त्राणां संख्या (२६ इति); तेषां स्वरूपानुरूपाणि नामानि (मण्डलाग्र, वृद्धिपत्र, उत्पलधार, शरार्यास्यप्रभृतीनि), साध्वसाधुत्वपरीक्षणोपायाः, शस्त्रावचारणे योग्यायोग्यप्रदेशाः, शस्त्रकर्मविशेषाः (छेदन, भेदन, लेखन, वेधन, एषण, आहरण, स्रावण, सीवन, इत्येवंविधाः), क्षालनशोधनरोपणयोग्या द्रवकल्कादयः पदार्थाः, व्रणबन्धक्रमाः बन्धयोग्याः पदार्थाः, रूढे व्रणे सवर्णकरणं चेति तदीयाः सर्वेऽपि अंशाः सुविशदं प्रपञ्चिताः सन्ति। यदि शस्त्रकर्म आयुर्वेदवैद्या न संप्रति सौलभ्येन कुर्वन्ति, तन्न तदभ्यसनयोग्यशास्त्रस्याभावात्, परं तु तै राजकीयनिरोधनभिया भूयो न तत्राधीयते यत्न इत्येव वक्तुं पार्यते । यदि तेऽपि लब्धावकाशा भवेयुस्तर्हि विना बहुकालविलम्बमायुर्वेदवैद्या विश्रुताः शस्त्रचिकित्साविचक्षणा भवेयुरित्यत्र न कोऽपि सन्देहः ।

अपि च विद्यन्ते अङ्गविभागेन बहुविधाश्चिकित्साक्रमाः, यथा नेत्ररोगेषु आश्च्योतनतर्पणपुटपाकाञ्जनादयः, ऊर्ध्वजत्रुविकारेषु बृंहणशमनादिविविधनस्यक्रमाः, आस्यरोगेषु गण्डूषकवलादयः, शिरोरोगेषु पिचुशिरोवस्तिसेकादयः, वस्तिरोगेषु उत्तरवस्तिक्रमः, इत्येवंप्रकारा विविधाश्चिकित्सापद्धतयः कथिताः सन्ति ।

आयुर्वेदशास्त्रानुसारेण चिकित्सां कुर्वतां वैद्यानां यद्यपि सन्त्यनितरवैद्यसाधारणानि विविधान्यसौकर्याणि (भेषजनिर्माणमूलिकासंचयनद्रव्यपरीक्षणावश्यकद्रव्यालाभादीनि), अथापि शास्त्रीयरीत्या कार्यकारणपरामर्शपूर्वकं चिकित्साविधानेन, साध्यकोटौ गणितान् प्रायशः सर्वानपि विकारानुपक्रम्य

साधयितुं पर्याप्तसामग्रीकमायुर्वेदशास्त्रमित्यस्ति नो महानानुभविको विस्रंभः । एतादृशी काचन वैद्यपर्येषणसमितिरायुर्वेदवैद्यतत्वाविनिर्णयाय कदापि भवितेति न संभावितपूर्वो विषयस्ततः प्रार्थयामो वयं यदत्र मद्रपत्तने विद्यमानाभ्य आयुर्वेदधर्मवैद्यशालाभ्यस्तत्र तत्र चिकित्सितानां रोगिणां गणनपत्रं संप्राप्य समित्यैव विनिश्चित्य विवेचनीयोऽयं विषय इति । विश्वसिमश्च बाढमेव देशीयवैद्यकविषये जनसमूहेषु प्रत्यहमिव समेधमानाङ्गीकारबहुमानादीनां तादृशवैद्यशालापत्रिकैव वहेदमोघं साक्ष्यमिति ।

किं च पत्तनेऽस्मिन् तत्र तत्र विद्यमाना विपुला जाज्वल्यमानप्रत्यग्रसामग्रीप्राज्या आङ्गलधर्मातुरशालाः कति? आङ्गलधर्मवैद्यशालाः कति? अप्रार्थितवैद्यकारिण्यः कति? वैद्यकनिपुणाः कति? एवं स्थितेऽपि सर्वानेतान् विहायावश्यकसेवसौकर्यविहीना आयुर्वेदधर्मवैद्यशालाः शतशः सहस्रशश्च रोगिणः परिवृण्वन्ति इत्यत्र, तासु वैद्यशालासु दीयमानस्य वैद्यस्य प्राशस्त्यमन्तरा हेत्वन्तरं न किमपि परिदृश्यते ।

(*c*) वातरोगाः, मानसिकरोगाः, कुष्ठं, विसर्पः, राजयक्ष्मा, रक्तवातः इत्येतादृशा रोगा विशेषेण आयुर्वेदचिकित्सया साध्या इत्यनुमीयते । कुतश्चेत् बाहुल्येनैतादृशरोगग्रस्ता बहुल वैद्यशालासु निपुणैश्च वैद्यैर्बहुकालमुपक्रान्ताः अलब्धोपशमाश्च रोगिणो बाहुल्येन रोगोपशमनार्थमन्तत आयुर्वेदवैद्यानेव शरणीकुर्वन्तीत्येकं साक्ष्यम् । परं च आतुरहितैकताना निष्पक्षपातिनश्च केचनाङ्गलवैद्यानिपुणाः तदन्तिकमुपगतान् तादृशरोगिणो देशीयवैद्यविधानाय प्रथमत एव प्रचोदयन्तीत्यपरं साक्ष्यम् । अत्रानुभवमन्तरा रेखाप्रमाणानि न संप्रति विद्यन्ते प्रदर्शितुम् । प्रशस्तिपत्राणि वैद्यवाणिज्यजीविनां सकाशे शतशो भवेयुरेव ।

III. (*a*) अत्रान्ते विन्यस्तदक्षाणां जनानां मध्ये (१) एन्. माधवमेनोन् नि.भा.आ., महामण्डलस्य मन्त्री, (२) आयुर्वेदभूषण के. सुब्रह्मण्यशास्त्री, श्री चेन्नपुर्यायुर्वेदकलाशालायामुपाध्यायः, (३) वैद्यविशारद के. ए. वेङ्कटाचलशास्त्री, नि.भा.आ., महामण्डलविद्यापीठयोरायव्ययनिरीक्षकः, (४) आयुर्वेदभूषण सि. भानुवैद्यः श्रीवेङ्कलवरायनामकानामनाथालये स्थायिचिकित्सकः (R.M.O.) तथा तदनुबन्धिन्यां आयुर्वेदधर्मवैद्यशालायां प्रधानचिकित्सकश्च, (५) आयुर्वेदभूषण प. सोमसुन्दरदेवरः, नि.भा.आ., महामण्डलस्य स्थानिकसंघसभ्यश्च भवन्ति ॥

(*b*) (१) न तृप्तिकरं पर्याप्तं च ।

(२) नातिसमीचीनम् ।

वैद्यविद्यालयेषु तदनुबन्धितयाऽऽतुरालयानामभावात् विद्यार्थिनां शास्त्रीयभागेषु सर्वेष्वपि प्रत्यक्षज्ञानोपार्जनाय सौकर्यं न विद्यते । अतो वैद्यशालानुबन्धितया आतुरालयस्थापनं, शारीरभागज्ञानाय शवच्छेदनानुमतिः, सर्वोपरि पर्याप्तद्राविणवितरणेन राजकीयाङ्गीकारश्च तत्प्रतीकारायालं स्यादिति विचारयामः ।

(*c*) तृतीयप्रश्नस्य (*b*) इत्यस्योत्तरमत्रापि युक्तं भवेत् ।

IV. (*a*) (१) अथ किम्.

(२) ,,

(३) ,,

अथापि तादृशनानाविधोपकरणसंपादनाय पर्याप्तधनविहीनतया कथंचन निर्वाह्यमाणाः सन्त्येव राष्ट्रेऽस्मिन् द्वित्रा विद्यालयाः । यथा (१) चेन्नपुरी आयुर्वेदकलाशाला, (२) वेङ्कटरमणायुर्वेदपाठशाला,

१) तथा कलिकेटपत्तने आर्यवैद्यसामाजिकानां आयुर्वेदपाठशाला चेति । तत्र प्रथमश्चेन्नपुर्यायुर्वेदकलालयो यशश्शरीरावशेषेषु दक्षिणभारते आयुर्वेदसमुद्धरणाय असुमसूंश्च तृणीकृत्य व्ययीकृतवस्तु वैद्यरत्न पण्डितगोपालाचार्येषु जीवत्सु तेषामश्रान्तपरिश्रमेण भारतेऽस्मिन्नयमेकापूर्वमातृकात्वेन प्रचारितपूर्वः आसीच्चिराय । अन्यौ द्वावपि वैद्यविद्यालयौ तयोः स्थापकमहाशयानां हस्तावलम्बेन प्रचलत एव । परं तु सर्वत्रापि धनवैरल्यादध्यापनार्थं समुचितसामग्रीसंपादनाय न सौकर्यमस्ति । अत एते विद्यालयाः संप्रति पर्याप्तधनसौकर्याभावात् सम्यक् प्रचलन्तीति न वक्तुं पारयामः । ततस्तभ्यो विद्यालयेभ्यो राजकीयाङ्गीकारपूर्वकं समुचितधनसहायश्च कर्तव्यस्तर्हि त इतोऽपि पुष्कलसामग्रीकाः सन्तस्तेषामादर्शरूपमुद्देश्यं पूरयिष्यन्तीति वयमभिप्रेमः ।

(*b*) यदि पूर्वोक्तादर्शसंपादनं सहसा दुश्शकं स्यात्तर्हि संप्रति विद्यमानानां वैद्यकसंस्थानां प्रथमतो राजकीयाङ्गीकारं, तदनु यावत्साध्यं वार्षिकं धनसहायं च कृत्वा राजावलम्बो देयः । एवं राजकीयावलंबेन कालोचितं परिष्कारं पोषणं चाधिगम्य तास्तामादर्शपदवीमचिरेणोपगमिष्यन्तीत्यत्र न कोऽपि संदेहः ।

V. नि.भा.आ. महामण्डलस्य न सम्मतम् । यतः कालेऽस्मिन् बहुत्र दरीदृश्यते यदाङ्गलवैद्यविशारदाः बिरुदधारिणश्च बहुक्लेशेन बहुकालेन बहुधनव्ययेन चोपार्जितं आङ्गलवैद्यपरिज्ञानमप्रमाणयन्त आयुर्वेदमनुसरन्तीति । प्रत्युत आयुर्वेदशास्त्रेषु परां निरूढिं गता वृद्धवैद्याः ईषदपि स्ववैद्यशास्त्रविमुखा अपि न दृश्यन्ते । अपि चेदानीं देशीयवैद्यस्याभिवृद्धिमार्गपर्यालोचनस्यावसरः, न हि प्राच्यप्रतीच्यवैद्यशास्त्रयोरेकीकरणविचारस्य । अतो न ज्ञायते विषयस्यास्य का प्रसक्तिरत्रेति । अथ वा एकीकरणेन देशीयवैद्यस्याभिवृद्धिर्भविष्यति चेन्न, यतस्तादृशैकीकरणेनैतद्देशीयवैद्यशास्त्रस्य वै पाश्चात्यवैद्यशास्त्रे विलयनमेव भवेत् । अतः पुनर्देशीयवैद्यस्याभावायैवावकाशो दृश्यते, नैवाभिवृद्धये । किं तु अत्र देशीयवैद्यशास्त्राणां सर्वेषामेकीकृत्याभ्यसनाय यदि प्रबन्धः क्रियेत तर्हि तन्महदुपकृतं स्यात् ॥

VI. अत्र प्रश्ने उल्लिखिताः अभिनवा आङ्गलवैद्यविषयाः सर्वेऽपि आयुर्वेदतत्वावबोधनेन तथा प्रयोजनकराः । परं तु आयुर्वेदशास्त्रीयाणामेव विषयाणां प्रात्यक्षिकज्ञानाय कर्मपथाभ्यासोपयोगिनस्तेषामंशाः प्रस्तुतकाले उपयोगिनः स्युः ।

(*a*) पाठ्यक्रमविषये तु नि.भा.आ. विद्यापीठस्य पाठ्यक्रम एव स्वीकार्यो भवति । तदनुसारेणोपाधिविशेषाश्च निर्धारयितव्याः । अध्ययनकालश्च विद्यापीठस्वीकृत एव युक्तः ।

(*b*) संस्कृतसाहित्ये स्वभाषासाहित्ये च व्युत्पत्तिः संपूर्णा आवश्यकी ।

(*c*) अध्यापनं, प्रवरकक्ष्या अवरकक्ष्या चेति द्विधा विभज्य प्रवरकक्ष्यायां संस्कृतभाषयैवाध्यापनीयं अवरकक्ष्यायां यथासंभवं देशभाषयापि पाठनीयम् ।

VII. देशीयवैद्यानां रजिस्टरकरणं विहितमेव । तथा रजिस्टरकरणेनास्मत्प्रदेशेषु प्रत्यहं प्रतिक्षणमिव संख्यया वृद्धिमुपगच्छतां अनाघ्रातवैद्यशास्त्राणां अनुत्तरवादिनां वैद्यंमन्यमानानां संख्याया भवेत् स्पृहणीयः परिक्षयः । तद्द्वारा अधुना वर्तमानानां अधीतविद्यानां दृष्टकर्मणां दक्षाणां च वैद्यानामुपरि वृथा प्रक्षिप्यमाणा अपवादाश्च स्वयं विलीयेरन्, यतः पूर्वोक्तानां कुवैद्यानामज्ञानमूलकोप्यपराधः आयुर्वेदोपरि समानः खलु समापतति । परं तु इदानीं स्वेच्छया वैद्यव्यापारमायत्तीकृत्य मात्रं बहुवाचालतया उच्चावचैश्चेतरैर्मोहनोपायैरनुपदमाविष्क्रियमाणैरतिवेलं व्याकुलीभूतेऽस्मिन् वैद्यलोके

सुवैद्यविवेचनं नाम न सुलभसाध्यो विषयः । तथापि आयुर्वेदस्य भाविनीं परिशुद्धामभिवृद्धिमुद्दिश्य प्रयासेनापि व्यवस्था विधेयैव । तत्र—

(*a*) प्रथमं तावदधुना विद्यमानानां प्रसिद्धदेशीयवैद्यानां किमपि मण्डलं संघटनीयम् । तच्च मण्डलं तदीयकार्येषु स्वतन्त्रं भवितव्यम्, नहि "मेडिकल् कौण्सिल्" नामकस्याङ्गलवैद्य-मण्डलस्याधीनत्वेन परतन्त्रम् । देशीयवैद्यानां रजिस्टरकरणे चास्यैव वैद्यमण्डलस्याधिकारो विधेयः । इदं वैद्यमण्डलं समुचितेनोपायेन सांप्रतिकानां देशीयवैद्यानां (गृहीतोपाधिनामगृहीतोपाधिनां च) योग्यतां विचार्य तदनुरोधं नियतकक्ष्यानुसारेण नियमितकालाभ्यन्तरे अभिलषतां वैद्यानां रजिस्टर कुर्यात्समुचितं शुल्कं स्वीकृत्य । अथ तदनन्तरकाले आगच्छतां वैद्यानां नियमितोपाधिधारिणामेव रजिस्टरकर्तुम् शक्यत इति नियमश्च निर्मातव्यः । एवं रजिस्टरद्वारा अङ्गीकृतानां सुवैद्यानां पुनर्य-थोचिताधिकारावकाशादयश्च दातव्याः । अत्र विषये प्रस्तुतकाले उपरिनिर्दिष्टवैद्यमण्डलस्थाने निखि-लभारतवर्षीयायुर्वेदमहामण्डलमेव युक्ततरं प्रतिभाति ॥

(*b*) इदानीं विद्यमाना मेडिकल् रजिस्ट्रेषन् नियमा नास्माभिरवलोकिता इति तद्विषये न वक्तुं अभिलषामः ।

VIII. आङ्गलवैद्यापेक्षया देशीयवैद्यस्यैव मूल्यसौलभ्यमिति वयं मन्यामहे । तच्चात्र मद्रपत्तने विद्यमानासु आङ्गलवैद्यशालासु आयुर्वेदवैद्यशालासु च चिकित्सितरोगिसंख्याया व्ययीकृतधनस्य च तारतम्यं निरीक्ष्य श्रीमद्भिरेव परिच्छेत्तुं शक्यते ।

IX. देशियवैद्यस्य परिक्षयो राजकीयानादरेण आङ्गलवैद्यस्य बलात्कारप्रचारणेन, आङ्गलवैद्या-नामौषधवाणिज्यसौकर्यमाधातुं, देशीयवैद्यानां विविधानां विषोपविषपदार्थानां ग्रहणविषये राजकीय-निरोधो जातः । हेतुपरिवर्जनमेव तत्परिहरणोपायश्च ।

X. स्टेट्, लोकल् बोर्ड, यूनिवेर्सिट्टीस्, इत्यादिभिर्वर्तमानकाले कया प्रणाल्या, केन प्रबन्धेन च आङ्गलवैद्यं सर्वत्र संघटितं वर्तते तथैवायुर्वेदोऽपि संघटनीयः ॥

शुभमस्तु.

(4) M.R.Ry. Ayurvedaratnam K. Seshasastri Avargal, Sringeri.

ಮದ್ರಾಸ್ ದೇಶೀಯ ವೈದ್ಯ ವಿಧಾನ ಸಮಿತೇಃ ಪ್ರಶ್ನಾನಾಮುತ್ತರಾಣಿ-

1- ಪ್ರಶ್ನಸ್ಯ—ಆಯುರ್ವೇದೇ ಭಾಗಮಭೀಪ್ಸ್ಯಮ್ಯುತ್ತರಯ। ಅತ್ರಪ್ರಶ್ನೇ "ಸಿದ್ಧಭಾಗ" ಇತಿ ಪೃಥಕ್ಕರಣಂ ನಾತೀವ ರಮಣೀಯಂ। ಯತಶ್ಚಾಯುರಾಮ್ನಾಯತಂತ್ರಾಣ್ಯನುಭವ ಮೂಲಕಾನ್ಯೇವ। ಶಾಸ್ತ್ರಜ್ಞಾನಂತ್ವನುಭವಾಭಿನ್ನಂ। ಸ್ವಾಭಾವಿಕಜ್ಞಾನಂತು ಪಶುಪಕ್ಷಿಣಾಮಿವ ಪುರುಷಾಣಾಮಪಿ, ತತ್ತು ನವಿಜ್ಞಾನಜನ್ಯಂ। ವಿಜ್ಞಾನಂ ಶಾಸ್ತ್ರಜ್ಞಾನ ಜನ್ಯಂಹಿ। ಏತದೇವಖಲು ಸಿದ್ಧತ್ವಂನಾಮ। ಅಸ್ತುಚೇದಪಿ ಸಿದ್ಧಭಾಗಾಂಗೀಕರಣಂ। ಅಥಾಷ್ಟೇತ ದಾಯುರಾಮ್ನಾಯ ತಂತ್ರಾಭಿನ್ನಮೇವ। ಕಾಮಂಭವತು ದೇಶಭಾಷಾಗ್ರಥಿತಾಯುರಾಮ್ನಾಯಿಕ ವಿಷಯಃ ಪ್ರಮಾಣಂ। ತಥಾಪ್ಯಾಯುರ್ವೇದಾಭಿನ್ನತ್ವಂ ಸರ್ವಥಾ ಸಾಂಪ್ರತಂ ಸಿದ್ಧಭಾಗಸ್ಯ। ಪೃಚ್ಛ್ಯಂತಾ ಮತ್ರವಿಷಯೇ ನಿಖಿಲಭಾರತೀಯ ಶಾಸ್ತ್ರಾಂತರ ವಿದ್ವಾಂಸೋಪಿ॥

2. (a)—ಆಯುರ್ವೇದೇಷು ವರೀವೃತ್ಯಂತೇ ಚರಕಸುಶ್ರುತವಾಗ್ಭಟಾಖ್ಯಾಃ। ಗ್ರಂಥಾಃ ಪ್ರಮಾಣಂ ವ್ಯಾಧ್ಯುತ್ಪತ್ತ್ಯಾದಿಸರ್ವವೈದ್ಯಕವಿಷಯಪ್ರತಿಪಾದನೇ। ಜಾಜಾಗ್ರತಿ ಚೈತದ್ಗ್ರಂಥಪ್ರತಿಪಾದ್ಯಮಾನಾಸ್ಸರ್ವೇಪಿ ವಿಷಯಾಸ್ಸಿದ್ಧಾಂತಾ ಏವ। ಕ್ವಚಿದ್ವಿರೋಧೇತು ಸಮನ್ವಯಃ ಪರಸ್ಪರಂಸ್ಕ್ರುತಿ ವದುಪಕಲ್ಪ್ಯತೇ। ದೋಷದೂಷ್ಯಾದಿಮೂಲಕ ವ್ಯಾಧಿನಿರ್ಣಯತ್ವಂ ಪ್ರಸಿದ್ಧಮಾಯುರಾಮ್ನಾಯ ವಿದುಷಾಮಶೇಷಾಣಾಮಪಿ। ಏತಾದೃಗ್ವ್ಯಾಧಿ ನಿರ್ಣಾಯಕಸಿದ್ಧಾಂತಸ್ಸ್ಫುತರಾಮುಜ್ಜೃಂಭತೇ ಮಾಧವನಿದಾನಾಖ್ಯೇ ಪ್ರಾಕ್ತನ ಪ್ರಮಾಣಕಂದಳಿತೋ ಗ್ರಂಥೇಸಂಪ್ರತಿ ಅತಶ್ಚಾತ್ರ ವಿವರಣ ಮಾಕಲಯಾಮಿ ವೃಥಾಫಲಕಂ। ಯತಶ್ಚಾಯುರ್ವೇದ ವಿಜ್ಞಾನಾಮಪರಿವರ್ತನೀಯಮೇವ ಶಾಸ್ತ್ರತತ್ವಂಖಲು ಭವತಿಪ್ರಮಾಣಂ॥

(2)—ಆಯುರ್ವೇದೋಪಿ ವೇದವದನಾದಿಃ। ಆಧುನಿಕಶಾಸ್ತ್ರಪ್ರಣಯನಂತು ವಿಜ್ಞಾಯತೇ ಪರಮಿತೋವರ್ಷ ಸಹಸ್ರಾದಿತಿ। ಆಧುನಿತಕತ್ವಾನಿ ಭಿದ್ಯಂತೇ ಪ್ರತಿಪದಂ। ಆಯುರ್ವೇದತತ್ವಾನಿತು ಚಿರಾದಪರಿವರ್ತಿತಾನ್ಯೇವ (ಏಕರೂಪೇಣ) ರಾರಾಜ್ಯಂತೇ। ಆಯುರ್ವೇದತಂತ್ರಾಣಿ ಸಮಾಕಲಿತಾನಿ ತಪಸ್ಸ್ವಾಮ್ರಾಜ್ಯವೈಭವೈರನಿರ್ವಚನೀಯಮಹಿಮಾಸ್ಸ್ವದೈರ್ಯೋಗ ದೃಷ್ಟಿಭಿರಾತ್ರೇಯಾದಿಭಿರ್ಮುನಿಪುಂಗವೈಃ। ತಾನ್ಯೇವಾದ್ಯಾಪ್ಯಾಯುರ್ವೇದವಿದುಷಾಂಶರಣ್ಯಾನಿ। ಭಿನ್ನಪ್ರಕ್ರಿಯಾಪಿ ಸಿದ್ಧಾನೀಮಾನಿ ಕಥಂನಾಮ ಭಿನ್ನಪ್ರಕ್ರಿಯಾವಿ ಸಿದ್ಧಮಧುನಾತನಂ ಶಾಸ್ತ್ರತತ್ವ ಮನುಕಲಯೇತ್। ಇತ್ಥಮೇವಶ್ರೂಯಂತೇ "ಹೋಮೋಪತಿ" ಇತ್ಯಾದೀನಿ ತತ್ವಾನ್ಯಪಿ। ಸರ್ವಾಣ್ಯಪಿ ಶಾಸ್ತ್ರಾಣಿ ವ್ಯಾಧಿನಿವರ್ತನ ರೂಪಫಲೇ ಪರಮುಪೇಯಾದಿತುಲನಾಂ। ಏತತ್ಪ್ರಶ್ನಸ್ಯಾಂಗ್ಲೇಯವೈದ್ಯಾಪವಕತೋತ್ತರಯೇಯುರಿತಿ ಸ್ವೀಕ್ರಿಯೇತ ಕಥಂನಾಮೋಮೇಪ್ರತಿಪದ ಪರಿವರ್ತ್ಸ್ಯಮಾನಾಧುನಿಕ ತತ್ವಸ್ಯಚಿರಾದೇಕ ಪ್ರಕಾರಮುಲ್ಲಸತ ಆಯುರಾಮ್ನಾಯತತ್ವಸ್ಯಚ ತುಲನಾಮಾರಚಯೇಯುಃ। ಅದ್ಯತತ್ವೇನ ಪ್ರತೀಯಮಾನಃ ಕೋಪಿಸಿದ್ಧಾಂತಃ ಶ್ವಃ ಅನ್ಯಏವಭವಿತಾ। ಈದೃಶತತ್ವಂ ಪ್ರತಿದಿನ ಮಾಯುಶ್ಕೃತಿಂ ಕಥಂ ವಾಸಮೀಕುರ್ಯಾತ್ ?। ಪಶ್ಯಂತಾಂ ವಿಷಮಜ್ವರ (ಮಲೇರಿಯ) ನಿದಾನಾನಿ ಗ್ರಂಥಿಕ ಜ್ವರ (ಪ್ಲೇಗ್) ನಿದಾನಾನಿಚ ಅತಶ್ಚ ಭಿನ್ನಭಿನ್ನ ಪ್ರಕ್ರಿಯಾಪಿ ಮಾರ್ಗಮುಪೇಯುಷಾಂ ಶಾಸ್ತ್ರತತ್ವಾನಾಂ ನಾಸ್ತ್ಯೇವತುಲನಾ ವ್ಯಾಧಿನಿವರ್ತನ ಫಲಮಂತರಾಕಾಪಿ। ಇತ್ಯುತ್ಪಶ್ಯಾಮಿ-

(b) (1)—ಇತಃ ಪೂರ್ವಮೇವ ಪ್ರತ್ಯವಾದ್ಯಾಯುರಾಮ್ನಾಯ ವಿದುಷಾಂಶರಣ್ಯಾನಿ ಚಿರಾದನುವೃತ್ತಸಿದ್ಧತತ್ವಾನ್ಯಾಯುರಾಮ್ನಾಯ ತಂತ್ರಾಣೀತಿ। ತಾದೃಶತಂತ್ರ ಪ್ರತಿಪಾದಿತಾ ಏವವಿಷಯಾ ಅನುಭವ ಸಿದ್ಧಾಃ ವರೀವೃತ್ಯಂತೇ ಜಾಗರೂಕಾ ರೋಗಲಕ್ಷಣಾದಿ ವಿನಿರ್ಣಯೇ

ಶ್ಲೋ॥ ನಿದಾನಂ ಪೂರ್ವರೂಪಾಣಿ ರೂಪಾಣ್ಯುಪಶಯಸ್ತಥಾ।
ಸಂಪ್ರಾಪ್ತಿಶ್ಚೇತಿ ವಿಜ್ಞಾನಂ ರೋಗಾಣಾಂ ಪಂಚಧಾಸ್ಮೃತಂ॥
ದರ್ಶನ ಸ್ಪರ್ಶನ ಪ್ರಶ್ನೈಃ ಪರೀಕ್ಷೇತಾಥರೋಗಿಣಂ।

ಇತ್ಯಾದ್ಯಾತ್ಮಕಾಃ। ಅತಶ್ಚ ಮಾಧವ ನಿದಾನಾದಿಗ್ರಂಥ ಸಾರಾನೇವ ಪ್ರತೀಚ್ಛಾಮಿ ರೋಗಲಕ್ಷಣಾದಿ ವಿವರಣಾಯ। ನಮೇರೋಚತೇ ಗ್ರಂಥ ಭಾಗೋಲ್ಲೇಖನಂ ತದ್ವಿವರಣಂ ವೃಥಾಯಾಸಹೇತುತ್ವಾತ್।

(2) ಸಂಪ್ರತ್ಯಪಿ ಗ್ರಾಮವಾಸ್ತವ್ಯಾನಾಮ ಪರಿಮೇಯ ಸಂಖ್ಯಾನಾಂ ನೈವ ಪ್ರಕ್ಲೃಪ್ತಾ ಚಾಧುನಾತನೀ ಚಿಕಿತ್ಸಾ ಏತೇಚಾಪ್ಯಾಪಿ ವರ್ತಂತೇ ದೇಶೀಯ ವೈದ್ಯಮಾತ್ರ ಶರಣ್ಯಾಃ। ಅಮಾದೀಚ್ಚ ಭೂತಪೂರ್ವ ಭಾರತ ರಾಜಪ್ರತಿನಿಧಿ ಹಾರ್ಡಿಂಜ್ ಮಹಾಶಯಃ (ಡಿಲ್ಲಿ) ಆಯುರ್ವೇದ ಕಲಾಶಾಲಾ ಸ್ಥಾಪನಾವಸರೇ ಸುಸ್ಪಷ್ಟಂ "ನಾಲಂ ವಿದೇಶೀಯ ವೈದ್ಯಸಹಾಯೋ ಗ್ರಾಮಿಣಾನಾಂ" ಇತಿ। ನಗರವಾಸ್ತವ್ಯ ಜನತಾಪೇಕ್ಷಯಾಗ್ರಾಮಿಣಾಂಸ್ಸಂದೃಶ್ಯಂತೇ ನಿರಾಮಯಾಃ। ಕ್ವಚಿದ್ದೇಶೇಷು ಸಂಪ್ರತಿ ಹ್ಯನ್ಯಂತು ಪ್ರಾಕ್ತನಾಯುರ್ವೇದಾರೋಗ್ಯಮಾರ್ಗಹಾನಾದೇವೇತಿಸುದೃಢಂವಚ್ಮೀ। ಪುರಾಭಾರತೀಯಾಸ್ಸುನಿಪುಣಂ ಪರ್ಯಾಕಲಯ್ಯ ನಿತ್ಯ

ವೃತ್ತಂ ಸರ್ವೇಷಾ ಮಪ್ಯಾಯುರಾಮ್ನಾಯ ವಿಧಿಮೂಲಕಂ ಪರಿನ್ಯಕ್ಷಿಪನ್ ನಿತ್ಯಾಚರಣೇ । ವೈದೇಶಿಕ ವೈದ್ಯ ಸಹಾಯ ಶೂನ್ಯಾ ಅಪಿ ಗ್ರಾಮೀಣಾಃ ಸ್ವಜೀವಂತಿ ಸಂಪ್ರತಿ ಸಮಾಪನ್ನೇ ವ್ಯಾಧೌ ದೇಶೀಯ ವೈದ್ಯ ಸಹಾಯಾ ಅತಶ್ಚಾತ್ರ ವಿಷಯೇ ದೇಶೀಯ ವೈದ್ಯಪ್ರಯೋಜನಂ ವರೀವರ್ತಿ ಪಾಚಾಂಪಾಗೆ ಇತಿ ಸುದೃಢಂ ನಿರೂಪಯಾಮಿ-

C- ಯಸ್ಮಿನ್ ದೇಶೇಹಿಯೋ ಜಾತ ಸ್ತಜ್ಜಂತಸ್ಯೌಷಧಂ ಹಿತಂ ॥ ಇತಿ ವಾಗ್ಭಟಃ-

ಯತ್ರಯತ್ರಭಾಗೇಷು ಯದ್ಯದ್ಧಾನ್ಯಂ ಪ್ರರೋಹತಿ ತತ್ತದೇವ ತತ್ರತ್ಯಾನಾಂ ಸಾತ್ಮ್ಯಮಾಹಾರ್ಯಂ ವಸ್ತುಪ್ರಧಾನಂ ಯಥಾಭವತಿ ತಥಾತತ್ತದ್ದೇಶೋದ್ಭವ ಮೂಲಿಕಾದಿ ಸಿದ್ಧಮೌಷಧಮಪಿ ತತ್ತದ್ದೇಶ್ಯ ಪ್ರಕೃತಿ ಸಾಮ್ಯಾತ್ತತ್ತದ್ದೇಶಭಾಗೆ ವಾಸ್ತವ್ಯಾನಾಂ ಸಾತ್ಮ್ಯಂ ಪ್ರಧಾನಂಭವತೀ । ಅತಶ್ಚಯುಕ್ತ ಪ್ರಮಾಣೇನ ದೇಶೀಯ ಚಿಕಿತ್ಸೈವ ಸಂಪದ್ಯತೇ ಗರೀಯಸೀ । ವಿದೇಶೀಯ ಚಿಕಿತ್ಸಾ ಶಾಸ್ತ್ರಸಿದ್ಧಾಪಿ ನಿರ್ದುಷ್ಟಾಪಿ ನಾಸಾತ್ಮ್ಯಕಂ ಭಾರತೀಯಾನಾಂ ಸಾತ್ಮ್ಯಮಿತಿ ತತ್ವಂ । ಭಾರತೀಯಾಃ ಪಾಶ್ಚಾತ್ಯಾಶ್ಚಾಹಾರಾದ್ಯಾಚರಣಹೇತುನಾ ಭಿನ್ನಭಿನ್ನ ಪ್ರಕೃತಯ ಇತಿ ಸಾರ್ವಜನೀನಂ । ಬೋಭವೀತಿ ಕಿಲ ಸಾತ್ಮ್ಯಂ ಪ್ರಕೃತ್ಯಾದ್ಯನುಗುಣಮೌಷಧಮಪಿ । ಅತಶ್ಚದೇಶೀಯ ಚಿಕಿತ್ಸಾ ಪ್ರಣಾಳಿಕೈವಕಲ್ಪತೇ ಚಾತ್ರತ್ಯಾನಾಂ ಸಾತ್ಮ್ಯಾಯ । ಕ್ವಚಿದ್ವಿದೇಶೀಯ ಚಿಕಿತ್ಸಾಸಾಫಲ್ಯಂವಾ ದೇಶೀಯ ಚಿಕಿತ್ಸಾ ವೈಫಲ್ಯಂವಾ ದರ್ಶನಂ ಭಿನ್ನಕಾರಣಕ ಮಿತಿ ಸರ್ವಮವದಾತಂ-

3- (a) ಶ್ರೀ ಶೃಂಗಗಿರಿ (ಶೃಂಗೇರಿ ಜಹಗೀರ್) ಜಗದ್ಗುರು ಸಂಸ್ಥಾನತ: ಮೈಸೂರ್ ರಾಜಕೀಯಾ ದ್ದೇವಾಲಯ ಸಂಘತಶ್ಚ (ಮುಜರಾಯ್) ಮಂಡಲ ಸಂಘತಶ್ಚ (ಕಡೂರು ಡಿಸ್ಟ್ರಿಕ್ಟ್ ಬೋರ್ಡ್) 25+8+7=40 ಕ್ರಮತಸ್ಸಮುಪಲಭ್ಯಮಾಸಿಕ ಸಹಾಯದ್ರವ್ಯಂ ಪ್ರಚಾಲಯಾಮಿ ಚಿಕಿತ್ಸನಕಾರ್ಯಂ ಶೃಂಗಗಿರಿ ಪರಿಸರಪ್ರಾಂತೇಷು । ಅಸ್ಮಿಚ ನಿಖಿಲ ಭಾರತವರ್ಷೀಯ ಸ್ಯಾಯುರ್ವೇದ ಮಹಾಮಂಡಲಸ್ಯ ತದ್ವಿದ್ಯಾಪೀಠಸ್ಯ ಚ ಕಶ್ಚನಸಭ್ಯಃ-

(b) (c) ದೇಶೀಯವೈದ್ಯ ಪ್ರಣಾಳಿಕಯಾ ವೈದ್ಯಸಹಾಯ ವ್ಯವಸ್ಥಾಪಾ (ವೈದ್ಯಪದೇನ ಚಿಕಿತ್ಸಾಭಿಪ್ರೇತಾಸ್ಯಾತ್) ವೈದ್ಯವಿದ್ಯಾಭ್ಯಾಸ ವ್ಯವಸ್ಥಾಪಾ ನಾಲಂ ಹೃದಯತೋಷಾಯ ।

ಯದ್ಯಪಿ ಮೈಸೂರು ನಗರೇವರ್ತತೇ ಕಾಪ್ಯಾಯುರ್ವೇದಕಲಾಶಾಲಾ (ಕಾಲೇಜ್) ರಾಜಕೀಯ ಪರಿಪೋಷಿತಾ । ಅಥಾಪಿನಿಷ್ಪಕ್ಷಪಾತತಯಾ ಪರಾಮರ್ಶೇತು ದರೀದೃಶ್ಯತೇ ದೋಷವೈಪುಲ್ಯಮೇವಾತ್ರ :— ತಥಾಹಿ-

ಪ್ರಪ್ರಥಮಂ ನದತ್ತ ಆಯುರ್ವೇದ ಶಾಸ್ತ್ರಾಧ್ಯಯನಾಧಿಕಾರ ಸಂಪಾದನಾವಸರಃ । ಪ್ರಕ್ಲಪ್ತಾಚ ಪ್ರವೇಶಾಧಿಕಾರೆ ಗೀರ್ವಾಣಾಂಗ್ಲೋಭಯ ಭಾಷಾವಿಜ್ಞಾನಿತಾ । ನವಾನ್ಯತ್ರಪಾಠ್ಯತೇ ಕಲಾಶಾಲಾ ಪ್ರವೇಶಾಧಿಕಾರಪಾಠಃ । ತಿರಸ್ಕ್ರಿಯಂತೇ ಚಾನಧೀತಾಂಗ್ಲಭಾಷಾ ವಿದ್ಯಾರ್ಥಿನೋ ನಿಷ್ಣಾತಾ ಅಪಿ ಗೀರ್ವಾಣಭಾಷಾಸು ; ಸ್ವೀಕ್ರಿಯಂತೇ ಚಾನಧೀತ ಗೀರ್ವಾಣವಾಣೀ ವೈದಗ್ಧ್ಯ ಅಪಿ ಕಿಂಚಿದಾಂಗ್ಲಭಾಷಾ ವಿಜ್ಞಾವಿದ್ಯಾರ್ಥಿನಃ । ಕಿಂಚ ಪ್ರಧಾನಾ ಆಯುರ್ವೇದ ಗ್ರಂಥಾಸ್ಸರ್ವೇಪಿ ರಾರಾಜ್ಯಂತೇ ಗೀರ್ವಾಣವಾಣ್ಯೇ ಸಂಕಲಿತಾಏವ । ಆಶೂಯಂತಚ ಕಯಾಚಿದ್ವೃತ್ತಪತ್ರಿಕಯಾಯುರ್ವೇದ ವಿಜ್ಞಾನ ಮೂಲಭೂತಾ ಅಪಿ "ಚರಕ ಸುಶ್ರುತವಾಗ್ಭಟಾ ನಿಷ್ಪ್ರಯೋಜನಾ ಇತಿ " ನಿರ್ಣೀತಾ ಇತಿ । ಇದಮೇವತಥ್ಯಂ ಪರಂಭವತಿಬೋಧ್ಯಾಯ । ಸ್ಕೂಲ್ ಫೈನಲ್ ಪರೀಕ್ಷಾಯಾಮುತ್ತೀರ್ಣಾಸ್ತು ಪ್ರಾಯೇಣ ನಪ್ರವಿಶಂತಿ ಕಲಾಶಾಲಾಯಾಮತ್ರ । ಏತೇ ಚೇತ್ಥಂ ಮನ್ಯಂತೇ—ಕುತ ಆಯುರ್ವೇದ ವಿದ್ಯಾಭ್ಯಾಸಕ್ಲೇಶ ಮನುಭವಾಮಃ ? ಕೃತ ಪರಿಶ್ರಮೈರಪ್ಯಾಸ್ಮಾಭಿರ್ನಲಭ್ಯಂತೇ ಮಾಸಸ್ಯತ್ರಿಂಶದಧಿಕಾರೂಪ್ಯಕಾಃ । ಅತೋ ವಿಷಯಾಂತರ ಏವಪ್ರವಿಶಾಮಃ । ಅಪಿಚ ಕಲಾಶಾಲಾಧಿಕಾರಿಣಾ ಸ್ತತ್ಸಮಿತ್ಯಧಿಕಾರಿ ಸಭ್ಯಾಶ್ಚಪ್ರಾಯೇಣ ನವರೀವೃತ್ಯಂತೇಹಿ ಪುಣ್ಯಾಯುರಾಮ್ನಾಯ ವಿಜ್ಞಾನಪಾರದೃಶ್ವಾನಃ । ನಿಯಮ್ಯಂತೇ ಚಾಂಗ್ಲೇಯ ವಿದ್ಯಾಫಿಕಾ ಸ್ತದ್ವೈದ್ಯ ವಿದ್ವಾಂಸಶ್ಚಾಃ ಅಧಿಕೃತ್ಯಪದೇ । ಈದೃಶಾಧಿಕಾರಿಣೋ ಭೂಮ್ನಾನಜಾನಂತಿ ಗೌರ್ವಾಣವಾಣೀ ಕೃತ ಪುಣ್ಯಾಯುರಾಮ್ನಾಯ ಕಲಾಸ್ವರೂಪಶೋಭಾ ರಾಮಣೀಯಕಂ । ಪರಂಮನ್ಯಂತೇ ಪಾಶ್ಚಾತ್ಯ ವೈದ್ಯಕುಲನಾರೋಹಣಮೇವ ಚಾರುಭಾವಮಾಯುರ್ವೇದಸ್ಯ । ಅಧ್ಯಾಪಕಾ ಅಪ್ಯಧಿಕಾರಿವರ್ಗ ಪ್ರಸಾದಮಭೀಪ್ಸಂತಿ ವೇತನಹಾನಭಯಾತ್ ; ವಿದಿತಮಪಿ ವಿಷಯಂ ಸಮಿತ್ಯಾಂ ನನಿವೇದಯಂತಿ ಗೌರವಹಾನಿಭಯಾತ್-

ಪರಂಚ-—ಯದ್ಯಪಿದಾಪಯಂತಿ ಮೈಸೂರು ಶ್ರೀ ಮಹಾರಾಜರಾಜಕೀಯಾ ವೈದ್ಯಸಹಾಯ್ಯಂ- ಮಂಡಲ (ಡಿ। ಬೋರ್ಡ್), ಪ್ರಜಾಹಿತ (ಮುನ್ಸಿಪಲ್) ದೇವಾಲಯ (ಮುಜರಾಯ್) ಸಂಘೇಭ್ಯೋದೇಶಾಯ ವೈದ್ಯಾನಾಂ । ವೈದ್ಯವೇತನಂ ಧರ್ಮ ಚಿಕಿತ್ಸನ ವ್ಯಯಶ್ಚಪ್ರಕಾಮಂ ಗಣ್ಯತೇ ಮಾಸಸ್ಯ ಪಂಚಾಶ ದ್ರೂಪ್ಯಕದಾನಂ । ಸಾಮಾನ್ಯತ : (ರೂಪ್ಯಕಂ 10, 15, 20) ವೈದ್ಯವೇತನಂ ದಶ, ಪಂಚದಶ, ವಿಂಶತಿ ಸಂಖ್ಯಾಕಂ ಪ್ರಕ್ಲಪ್ತಂ । ಚಿಕಿತ್ಸನವ್ಯಯಶ್ಚ ಪಂಚ, ದಶಸಂಖ್ಯಾಕಃ ಪ್ರಕ್ಲಪ್ತಃ । ಏವಂ ಪಂಚಾಶದ್ರೂಪ್ಯಕ ಸಹಾಯವತಾ

ಯುರ್ವೇದ ಶಾಲಾ ಗಣ್ಯೇತ ಸಹಸ್ರಾಧಿಕರೂಪ್ಯಕ ಸಹಾಯತದಾಂಗ್ಲೇಯ ವೈದ್ಯಶಾಲಾ ಸಾಮ್ಯೇನ। ಗಗನಕುಸುಮಾಯತ ಏವಸಾಹಯ ವೈದ್ಯಸಹಾಯ್ಯಂಭೂಮ್ನಾ। ದೇಶೀಯ ವೈದ್ಯೇಷು ಚೈಕವೈದ್ಯೇದ್ಯಮ್ಯೇ ವ್ಯಾಪ್ತಂ ಮೂಲಿಕಾಪಿಗ್ರಹಣಂ ಶೋಧನಂ· ಚೂರ್ಣತೈಲಾದಿ ವಿವಿಧೌಷಧರಚನಂ· ತತ್ತದ್ದಾನ ಮಿತ್ಯಾದಿ ಸರ್ವಂ। ಏತತ್ಸ್ಪೃಹಯ್ಯಸ್ಯಚಾಂಗ್ಲೇಯ ಚಿಕಿತ್ಸನ ಸಹಾಯ್ಯಸ್ಯ ಚ ತಾರತಮ್ಯಂ ವರೀವರ್ತಿ ಸಾಹಾಯ್ಯೇ ಪಿಪೀಲಿಕಾ ಗಜವತ್· ।

N B.—ಮೈಸೂರ್ ರಾಜಕೀಯೈರ್ನಿಯುಕ್ತಾಃ ಕಾಪಿ ಸಮಿತಿರ್ದೇಶೀಯ ವೈದ್ಯಸಹಾಯ ವಿವಃಶಗ್ನಾಯ। ತತ್ಸಮಿತಿ ಸೂಚನೋಪರಿ ರಾಜಕೀಯಾಜ್ಞಾ ಪ್ರಕಾಶಿತಾ ತತ್ರ "ಸಹಾಯದಾನಂತತ್ರ ಯತ್ರ ಸರ್ವಥಾಂಗ್ಲೇಯ ಚಿಕಿತ್ಸಯಾನ ಸಾಧ್ಯತೇ" ಇತ್ಯಾಟಿ ಆಜ್ಞಾ ಸಮಿತಿಸಭ್ಯಾ ಭಯೇರಾಜಕೀಯ ವೈದ್ಯಾಧಿಕಾರಿಣಃ। ಏತೇಷಾಮಭಿಪ್ರಾಯ ವಿಮರ್ಶೇತು ದಂಡಹ್ಯತೇ ನಾಮಕಂಚೇತಃ· (18 ಸೆಪ್ಟಂಬರ್ 1919 ಮೈಸೂರು ಕನ್ನಡ ಗಜಟ್·) (ಅಲಂಪಲ್ಲವಿತೇನ·)

ಆಯುರ್ವೇದ ಶಾಖಾಧಿಕಾರೋಽಪಿನ ಪೃಥಗ್ಗಣಿತಃ। ಆಯುರ್ವೇದೋಪರ್ಯಧಿಕ್ರಿಯಂತೇ ಚಾನಧೀತಾಯುರ್ವೇದವಿದ್ಯಾ ಮಂಡಲ ರಾಜಕೀಯ ವೈದ್ಯಾ (ಡಿ। ಮೆಡಿಕಲ್ ಆಫೀಸರ್) ಮಂಡಲೋಪಮಂಡಲಾ (ಡಿ· ತಾಲೂಕ್) ಧಿಕಾರಿಣಃ। ಆಯುರ್ವೇದ ವೈದ್ಯಾನ ಕಾಸ್ವಾಪಿರಾಜಸಭಾಸು ಸಭ್ಯತ್ವೇನ ಗೃಹೀತಾಃ ಅಲಂಪ್ರಸಕ್ತಾನುಪ್ರಸಕ್ತ್ಯಾ· ।

ಇತೋಽನತೋಽಪಾಯ ದ್ವ್ಯೇಸಪಿ· ।

C· ಅತ್ರಹಿತಾಂಪ್ರಣಾಳಿ ಕಾಮನುಪದಂ ಸೂಚಯಾಮಿ·

4· (a) ಪ್ರಥಮದ್ವಿತೀಯ ತೃತೀಯ ವಿಷಯೇಃ ಪುಣ್ಯಾಯುರಾಮ್ನಾಯ ಕಲಾಯಾ ಅನವದ್ಯಭಾಗ್ಯೋದಯ ಸೋಪಾನಾನೀತ್ಯಾಮೋಮುದೀಮಿ·

N.B.—ಕಾಲೀಯಕಾಲ ಪಾರುಷ್ಯೇಣಾಥವಾ ಭಾರತಜನತಾ ದುರದೃಷ್ಟವಶೇನ ಸಂಪ್ರತಿ ಭಾರತೇನಕ್ವಾಪಿ ದರೀದೃಶ್ಯಂತೇ ತಾದೃಶ್ಯಃ ಫಲೋನ್ಮುಖಾ ಶ್ಯಾಲಾಃ। ಮದ್ರಾಸ್, ಬೊಂಬಾಯಿ, ಮೈಸೂರ್, ನಗರೇಷು ವಿದ್ಯಮಾನಾ ಶ್ಯಾಲಾ ಸ್ತಾದೃಶ ಪುಣ್ಯಹೀನಾ ಏವೇತಿ ಸವಿಷಾದಂ ನಿವೇದಯಾಮಿ·

B· ನಸಮ್ಯಜ್ಞಾಯತೇ ಪ್ರಶ್ನಭಾವಃ·

5· ಕಾಳಿಕಾನಗರ (ಕಲ್ಕತ್ತಾ) ವಿಶ್ವವಿದ್ಯಾಲಯಾಧ್ಯಕ್ಷ ಕಾಣಾಮಾಶಯಸ್ತು ನಾತೀವರಮಣೀಯಃ। ಏತೇತಾವತ್ಪರಮಾಂಗ್ಲೇಯ ವಿದ್ಯಾಕೋವಿದಾ ಗೀರ್ವಾಣ ಭಾಷಾಕಲಿತ ವಿವಿಧಶಾಸ್ತ್ರ ಮರ್ಮಾಭಿಜ್ಞಾಶ್ಚ ಯದಿ· ಮೇಽಪಿ ಭಾರತವಿದ್ಯಾಸ್ವರೂಪ ರಾಮಣೀಯಕಂ (ಔದಾಸ್ಯಂವಿಹಾಯ) ಸೂಕ್ಷ್ಮದೃಶಾವಿಭಾವಯೇಯುಸ್ತರ್ಹಿ ನೇತ್ಥಮಭಿಪ್ರೇಯುರೇವ·

6· ಭಿನ್ನಭಿನ್ನ ಪ್ರಕ್ರಿಯಾದಿ ಸಿದ್ಧಶಾಸ್ತ್ರಾಣಾಮೇಕೀಕರಣಂತು ತತ್ತಚ್ಛಾಸ್ತ್ರೀಯ ಸ್ವರೂಪ ಸೌಂದರ್ಯ ಭಂಗಾಯೇತಿದೃಢಂ ನಿರೂಪಯಾಮಿ। ಅತಶ್ಚಮಾಸ್ತುಸಂಕಲನಂ··

(a) ಸಖಿಲ ಭಾರತವರ್ಷೀಯಾಯುರ್ವೇದ ಮಹಾಮಂಡಲೀಯ ವಿದ್ಯಾಪೀಠ ಪರಿರಚಿತಪರ್ಯಾಕಲಯ್ಯ ಪರೀಕ್ಷಾಪಾಠ ನಿಯಮತೂಲಿಕಾಂ। ಭಿಷಕ್, ವಿಶಾರದಃ, ಆಚಾರ್ಯ: ಇತ್ಯುಪಾಧಿಕಾ ಆಯುರ್ವೇದ ವಿದ್ಯಾಪೀಠ ಕ್ಷಾಪಸೇ ಏವ ಎಲ್·ಎಂ·ಪಿ·, ಎಲ್·ಎಂ ಎಸ್·, ಎಂ·ಬಿ·ಬಿ·ಎಸ್·, ಇತ್ಯಾದ್ಯಾಂಗ್ಲಧುರಾತನ ಪರೀಕ್ಷಾತುಲ ನಾಮರೋಹಂ ತ್ವಿತಿಮಾಮಕೀನ ಆಶಯ:

(h) ಆಯುರಾಮ್ನಾಯ ಶಾಸ್ತ್ರಾಧ್ಯಯನಾಯ ಸಮಪೇಕ್ಷಿತೈತಾವತೀ ಚಾರ್ಹಂತೀ·

(1) ಗೀರ್ವಾಣ ಭಾಷಾ ಶಬ್ದಾರ್ಥ ವ್ಯವಹಾರ ಜ್ಞಾನಂ·

(2) ಸಮ್ಯಕ್ ತತ್ತದ್ದೇಶ ಭಾಷಾವಿಜ್ಞಾನಂ·

(3) ವ್ಯವಹಾರೋಪಯೋಗಿ ಯಾವತ್ ಸ್ಯಾತ್ತಾವದಾಂಗ್ಲೇಯ ಭಾಷಾವಿಜ್ಞಾನಂ·

(c) ಆಯುರ್ವೇದ ಶಿಕ್ಷಣಮಾವಶ್ಯಕಂ ಪರಂಸ್ಥಾನೇ ತತ್ತದ್ದೇಶಭಾಷಾಸಂಕಲಿತ ಗೀರ್ವಾಣ ಭಾಷಯಾ·

7· (a), (b)ಅವಿದಿತ ವೈದ್ಯಕಲಾ ಅಪಿ ಯಥಾಪರಿಚಯಂತಿ ಚಿಕಿತ್ಸನಮಜ್ಞಾನಮೂಲಕಂ (ಯಸ್ಯೈಕಸ್ಯ ತರೋರ್ಮೂಲಂ ಯೇನಕೇನಾಪಿಮಿಶ್ರಿತಂ। ಯಸ್ಮೈಕಸ್ಮೈ ಪ್ರದಾತವ್ಯಂ ಯದ್ವಾತದ್ವಾ ಭವಿಷ್ಯತಿ। ಇತ್ಯಸ್ಯ ವಿಷಯಂ) ತಥಾನಿಯಮಶಾಸನಮಾವಶ್ಯಕಂ। ಅತ್ರ ಚ ನಿಯಮಿತ್ವಶಾಸ್ತ್ರಜ್ಞಾ ಅಪಿರಾಚಿಕಿತ್ಸನ ಕರ್ಮನಿಪುಣಾ ಯೇತುವೃದ್ಧಾಸ್ತೇ ನೈವಬಾಧ್ಯಾಃ।

ವಿ.ಸೂ.—"ಭಿಷಕ್ ಛದ್ಮಚರಾ: ಸಿದ್ಧಸಾಧಿತಾಶ್ಚ ಯೇಂತ್ರೇ ರಾಜದಂಡ್ಯಾ ಇತ್ಯೇವಾನು ಶಾಸ್ತ್ಯಾ ಯುರ್ವೇದ: | ಅನ್ಯಥಾತು ಶಾಸ್ತ್ರಸ್ಯಾಪಿ ಭವತ್ಯ ಪ.ಶ: | ಯೇತ್ವನುಭವೇನ ಕುರ್ವ ಇತಿತನ್ಮಂದಂ | ಅನುಭವಶ್ಚಾಯಂ ಭವತಿ ಶಾಸ್ತ್ರಜ್ಞಾನಜನ್ಯದೃಢ ಸಂಸ್ಕಾರ ವಿಶೇಷಃ | ಸಾಮಾನ್ಯಜ್ಞಾನಂತು ಪಶುಪಕ್ಷಿಣಾಮಿವ ಪುರುಷಾಣಾಂ | ತತ್ತು ನಪಿಜ್ಞಾನಜನ್ಯಂ | "

ಯೇತುಸಂಪ್ರತಿ ಶಾಸ್ತ್ರಾನಭಿಜ್ಞಾಸ್ತೇ ತೂಪನ್ಯಾಸಪ್ರಣಾಳಿಕಯಾ ಶಿಕ್ಷಣ ವಿಶೇಷೇಣ (ಟ್ರೈನಿಂಗ್) ಚ ಶಿಕ್ಷಣೀಯಾಃ ತಥಾನುಕೂಲಃ ಕಲ್ಪನೀಯಃ

ಅತ್ರಚ ನಿಖಿಲಭಾರತವರ್ಷೀಯಾಯುರ್ವೇದ ಮಹಾಮಂಡಲಂ ತತ್ತತ್ಪ್ರಾಂತಿಕಮಂಡಲ ಸಹಾಯೋಪಬೃಂಹಿತಂ ವಿದಧಾತು ಕಾಮಪ್ಯೇಕಸಮಿತಿಂ ತತ್ತತ್ಪ್ರಾಂತಿಕಸಮಿತಿಂಚ | ಸಮಿತಾವತ್ರಾಧಿಕಗೋತು ರಾಜಪ್ರತಿನಿಧಿರುತ ತತ್ತತ್ಪ್ರಾಂತ ರಾಜಪ್ರತಿನಿಧಿರ್ವಾಧ್ಯಕ್ಷ ಪದೇ | ಸಭ್ಯಾಃ ಪರಂಸ್ಯುರಾಯುರ್ವೇದ ವಿಜ್ಞಾ ಏವ ಅಥಚಾರ್ಧಾಂಶೇನ ವಿಜ್ಞಾತೋಭಯ (ದೇಶೀಯ ಆಂಗ್ಲ) ವೈದ್ಯ ವಿದ್ಯಾಸ್ತಿಷ್ಠಂತು ನಾಮ | ವಿದ್ಯಾವಿಷಯೇ ತ್ವಧ್ಯಕ್ಷಕಸ್ಯ ಸಭ್ಯೈವಚನವಶಂವದತ್ವ ಮಾವಶ್ಯಕಂ.

N.B.—ಕೇವಲಾಂಗ್ಲೇಯ ವೈದ್ಯಾಃ ಪರಂದೇಶೀಯ ವೈದ್ಯ ಪ್ರಣಯಿನೋಪಿ ಸ್ವಶಿಕ್ಷಣ ಕ್ರಮಪರಿಪಾಟ್ಯಾ ಮನ್ಯಂತೇಚಾಂಗ್ಲೇಯ ವೈದ್ಯ ಪದ್ಧತಿಮೇವಗರೀಯಸೀತಿ ಅಥಚ ದೇಶೀಯ ವೈದ್ಯಪರಿವರ್ತನಮುತ ಚಾಂಗ್ಲೇಯ ವೈದ್ಯ ಪ್ರಕ್ರಿಯಾತುಲನಾಂ ಪ್ರಾಯುವೇ ರ್ದಾಭಿವರ್ಧನಾಯೇತಿ |

ಆಯುರ್ವೇದ ಮಹಾಮಂಡಲೋಪಮಂಡಲ ನಿಯಮಿತ ಸಮಿತಿಸ್ತತ್ರ ತತ್ರಾನ್ವಿಷ್ಯ ವೈದ್ಯಾನ್ ವಿರಚಯತು ನಾಮಪಟ್ಟಿಕಾಂ | ಅಗ್ರೇಚ ತಾತ್ಕಾಲಿಕ ಶಿಕ್ಷಣಾದಿ ವಿಷಯೋಪ್ರೇರಯತು ತದರ್ಹಾನ್ |

8. ವಿದೇಶೀಯ ಚಿಕಿತ್ಸನಾನಿ ವಿಪುಲದ್ರವಿಣಸಾಧ್ಯಾನಿ ತಥಾಹಿ:—ಪ್ರಾಯೇಣ ಭಾರತಾದಿ ದೇಶೇಭ್ಯಸ್ಸಂಗೃಹ್ಯ ಮೂಲಿಕಾಶ್ಚಾಸೀಯ ಯೂರೋಪೇಷು ನಿಷ್ಪಾದ್ಯಂತೆ ಔಷಧವಸ್ತೂನಿ | ತಾನ್ಯನ್ಯಾನಿಚ ಖಂಡಾಂತರಾ (ಅಮೇರಿಕಾ) ದಪಿ ದತ್ವಾಚ ತತ್ತದ್ದೇಶ ರಾಜಕೀಯ ಕರಾನ್ ವ್ಯಯೀ ಕೃತ್ಯಚ ಮಾರ್ಗವ್ಯಯ ಮಾನೀಯಂಕೇ ಭಾರತಂ | ಚಿಕಿತ್ಸನ ಸಾಧನಾನಿಯಂತ್ರ ಶಸ್ತ್ರಾಣಿ ಚತತಃ ಏವ ಸಂಗೃಹ್ಯಂತೇ | ಏತನ್ಮೂಲಕ ವಿವಿಧ ವ್ಯಯಸ್ತಥ್ಯೈ ಪ್ರಾಂಗ್ಲೇಯ ವೈದ್ಯ ವೇತನಾವ್ಯಯಃ (ವಿಪುಲ ವೇತನಾಕಾಂಕ್ಷಿತ್ವಂ ದೃಶ್ಯತೇಹಿ) ಚೇತಿಭವತ್ಯಪಾರಃ.

ದೇಶೀಯ ಚಿಕಿತ್ಸನಾನಾಂ ತ್ವೀದೃಶವ್ಯಯಾಭಾವಾದಲ್ಪಮೂಲ್ಯಾ ಸಧ್ಯತ್ವಂ ಸ್ವತಸ್ಸಿದ್ಧಂ.

N.B.—ಪ್ರತಿ ದಿನ ವ್ಯಯ ವಿಮರ್ಶೆ ದೇಶೀಯ ವೈದ್ಯಮಾರ್ಗೇಣ ಕಸ್ಯಚನಾತುರಸ್ಯ ಷಟಕಲಾಃ (Six pies) ಭವಂತೀತಿ ಮಮನಿಶ್ಚಯಃ.

9. ದೇಶೀಯ ವೈದ್ಯಕ್ಷೀಣತಾ ಕಾರಣ ವಿಮರ್ಶನಂ ಗತಜಲಸೇತುಬಂಧಪ್ರಾಯಂ | ನೀಚೈರ್ಗಚ್ಛತ್ಯುಪರಿಚದಶಾ ಚಕ್ರ ನೇಮಿಕ್ರಮೇಣ ಇತ್ಯುಕ್ತಿರ ತ್ರೋಪತಿಷ್ಠತೇ | ಪರಂ ನಾರೋಹತ್ಸಕೃದೇವ ಕ್ಷೀಣದಶಾಸೋಪಾನಾನಿ ದೇಶೀಯ ವೈದ್ಯಕಲಾ | ಸಂಪ್ರತಿಯತ್ಕರ್ತವ್ಯಂ ತದ್ವಿಮರ್ಶನೀಯಮ್ |

ಆಯುರ್ವೇದಾಭಿವೃದ್ಧ್ಯುಪಾಯಾಃ.

(1) ಪ್ರಪ್ರಥಮಂ ವಿದ್ಯಾಪ್ರಸಾರಣಂ | ತತಶ್ಚ ಪ್ರಧಾನಸ್ಥಾನೇಷು ಸಕಲ ಸಂಪದ್ಯುತ ವೈದ್ಯಕಲಾಶಾಲಾ ಸ್ಥಾಪನಂಕಾರ್ಯಂ | ಆಯುರ್ವೇದ ಶಿಕ್ಷಣಪ್ರಣಾಳಿಕಯಾ ವಿಧ್ಯಾರ್ಥಿನಶ್ಶಿಕ್ಷಣೀಯಾಃ ಅತ್ರಚ ವಿದ್ಯಾರ್ಥಿನಾಂ ವೇತನದಾನಸ್ಯ ಪಾಶ್ಚಾತ್ಯ ವೈದ್ಯಕುಲನಾಸ್ವೀಕರಣಸ್ಯಚ ಖ್ಯಾಪನಮಾವಶ್ಯಕಂ.

(2) ಪರೀಕ್ಷೋತ್ತೀರ್ಣಾನಾಂ ಭಿಷಜಾಂ ಕಲಾಪರಿವೃದ್ಧಯೇ ಶಿಲ್ಪಗೃಹ ಮಾತುರಗೃಹ ಇತ್ಯಾದೀನಿ ಸಂಸ್ಥಾಪನೀಯಾನಿ.

(3) ಪ್ರಾಕ್ತನ ವೈದ್ಯಶಾಸ್ತ್ರಗ್ರಂಥಾನ್ ಸರ್ವತ್ರ ಭಾರತೇಷು ಸಂಗೃಹ್ಯ ಚೈಕತ್ರ ಸಂಸ್ಥಾಪನಮೇತೇಷಾಂ ಪ್ರಕಾಶನಂ ಚಮಾಸಿಕ ಪತ್ರಿಕಾಭಿರ್ಯಥಾವಸರಂ | ಪ್ರಧಾನ ಗ್ರಂಥಾನಾಂ ಪ್ರಕಾಶನಂ ದೇಶಭಾಷಾಕ್ಷರೇಷು | ಪರಿವರ್ತನಂ ತತ್ತದ್ದೇಶ ಭಾಷಾಸುಚ. |

(4) ಮೂಲಿಕಾದಿ ವಿಜ್ಞಾನವತೋನ್ವಿಷ್ಯ ಪ್ರೋತ್ಸಾಹ್ಯತೇಭ್ಯಸ್ತದ್ವಿವರಣ ಮಭಿಜ್ಞಾಯ ತದ್ವಿಮರ್ಶನಾಯಯತ್ನ ಆಸ್ಥೇಯಃ.

(5) ಪೂಗತಾಂಬೂಲಾದ್ಯದ್ವಾರಾ ಮಹತ್ ಮೂಲಿಕಾ ವ್ಯವಸಾಯಕರ್ಮಣಿ ಜನಾನಾಂ ಪ್ರೋತ್ಸಾಹನಂ | ತದ್ವ್ಯಾಪಾರಾವಸರಶ್ಚ ಕಲ್ಪನೀಯಃ.

(6) ಅನಧೀತವೈದ್ಯವಿದ್ಯಾನ್ ಕುವೈದ್ಯಾನ್ ದೂರೀಕೃತ್ಯ ಸುಶಿಕ್ಷಿತಾನಾಂ ವೈದ್ಯಾನಾಂ ಸಂಗ್ರಹಣಂ ಪ್ರೋತ್ಸಾಹನಂ ಚ ಕರ್ಮನಿಷ್ಣಾತವೈದ್ಯಾನಾಮುಪನ್ಯಾಸಪ್ರಣಾಲಿಕಯಾ ಶಾಸ್ತ್ರಶಿಕ್ಷಣಂ ·

(7) ಆಯುರ್ವೇದವಿಮರ್ಶನಫಲಕಯಾ ಕಯಾ ಚಿತ್ತತ್ತದ್ದೇಶಭಾಷಾಪತ್ರಿಕಯಾ ಜನಸಾಮಾನ್ಯೇಷು ವಿಜ್ಞಾನಪ್ರತಿಪಾದನಂ·

(8) ದೇಶೀಯವೈದ್ಯಾನಾಂ ಪರಿಗಣನಂ· ಆಂಗ್ಲೇಯವೈದ್ಯವತ್ಸಮಾಕಲನಂ· ಅಧಿಕಾರದಾನಂ ನ್ಯಾಯಸ್ಥಾನಾದಿಷು ಸಮ್ಮಾನನಂ·

10· (a) ಪಶ್ಯೇಯುಃ ರಾಜಕೀಯಾ ಆಂಗ್ಲೇಯವೈದ್ಯಾನಿವ ದೇಶೀಯವೈದ್ಯಾನ್· ಸರ್ವವಿಷಯೇಷು ಸರ್ವತ್ರ ರಾಜಕೀಯಸಭಾಸು ಕಕ್ಷ್ಯನ ವೈದ್ಯಸಭ್ಯಾಸ್ಸಂಗ್ರಾಹ್ಯಾಃ·

(b) ಮಂಡಲಪರಿಷತ್ (ಡಿ· ಬೋರ್ಡ್) ಸರ್ವತ್ರ ಮಂಡಲೋಪಮಂಡಲ (ಡಿಸ್ಟ್ರಿಕ್ಟ್ ತಾಲೂಕ್) ಭಾಗೇಷು ಗ್ರಾಮೇಷು ಚ ದೇಶೀಯವೈದ್ಯಚಿಕಿತ್ಸನಾನಾಂ ವೈದ್ಯಶಾಖಾವ್ಯಯಾರ್ಹೇಷು ದ್ರವ್ಯೇಷು ಯುಕ್ತದ್ರವ್ಯದಾನಂ ನಿರ್ಣಯೇತ್· ಮಂಡಲಪ್ರಧಾನಸ್ಥಲೇ ವೈದ್ಯಕಲಾಶಾಲಾಸ್ಥಾಪನಾಯ ಪ್ರಯತೇತ· ಅಥವಾ ರಾಷ್ಟ್ರಾಂತರ್ಗತಕಲಾಶಾಲಾಸು ಮಂಡಲಾಂತರ್ಗತವಿದ್ಯಾರ್ಥಿನಾಂ ವಿದ್ಯಾರ್ಥಿವೇತನಂ ದತ್ವಾ ಕಾಂಶ್ಚನ ಪ್ರೇಷಯೇತವಾ । ದೇಶೀಯವೈದ್ಯಕೋವಿದಃ ಕಕ್ಷ್ಯನಾಧಿಕಾರೀ ನಿಯುಕ್ತೋ ಮಂಡಲಸಂಘಸಭ್ಯೈಶ್ಚ ನಿರೀಕ್ಷೇತ ಮಂಡಲಾಂತರ್ಗತವೈದ್ಯಶಾಲಾಃ·

(c) ವಿಶ್ವವಿದ್ಯಾಲಯೇ ನಿಕ್ಷಿಪೇತ್ಸ್ವಾಸ್ಥ್ಯಪಾಠೇಷು ದೇಶೀಯವೈದ್ಯಸ್ವಾಸ್ಥ್ಯವೃತ್ತಂ· ಭಾರತಜನತಾಚ ಚಿರಾದನುವೃತ್ತಸಂಪ್ರದಾಯ (ಹಬ್ಬಹುಣ್ಣಿಮೆ) ನಿಯಮನಾ । ಅತ ಇಯಂ ನ ಪ್ರಗಲ್ಭತೇ ವಿದೇಶೀಯಸಂಪ್ರದಾಯಸ್ವೀಕರಣೇ । ಅತಶ್ಚಾಯುರಾಮ್ನಾಯಸ್ವಾಸ್ಥ್ಯವೃತ್ತಗ್ರಂಥಾನ್ ಪರಿವರ್ತ್ಯ ಸರ್ವತ್ರ ಕಕ್ಷ್ಯಾಸು ಪ್ರಚಾಲಯೇತ್·

(d) ಸ್ವತಂತ್ರಃ ಪ್ರಜಾಸಂಘಸ್ಸ್ವಾಯುರ್ವೇದಸ್ವಾಸ್ಥ್ಯವಿಜ್ಞಾನಭಾವವತೋ ಜನಾನ್ ರೋಗಕಾರಣಾನಿ ತದನುತ್ಪಾದವಿಧಾನಾನಿ ತಚ್ಛಮನಸಾಧನಾನಿ ಬೋಧಯೇತ್· ನಿವೇದಯೇಚ್ಚ ಜನಹಿತಾನಿ ರಾಜಕೀಯೇಭ್ಯೋ ಯಥಾಕಾಲಂ·

(5) M.R.Ry. Ayurveda Bhushana Pandit M. DURAISWAMI IYANGAR, Avargal.

॥ देशीयवैद्यकसमितेः प्रश्नानां उत्तराणि ॥

महाभागाः! इतः परं षष्ठप्रश्नान्तर्गतस्य (C) इति उपप्रश्नस्य निवेदयिष्यमाणं उत्तरं अनुरुध्य गैर्वाण्या नन्वहं विलिखामि उत्तराणि; यच्च, मन्ये, सामोदं भवद्भिरङ्गीक्रियेत । अवतरणिका तावत् प्रश्नपत्रे भवद्भिः पाश्चात्यशास्त्रज्ञानां आशयानुरोधेनैव भवति सर्वथा संकलिता; यस्याः समवलोकनसमनन्तरमेव, सत्यपि कथंचित् अनुकूलोदर्के भवदीयविमर्शैककर्मणः, यत्सत्यमहं अभिप्रैमि, प्रायः सा कलुषयेत् आयुर्वेदविदां मनांसीति । अथापि नाहं तत्र कमपि गुणदोषविचारं अस्मि चिकीर्षुः ।

१. प्रश्नः प्रथमः—आयुर्वेदं अधिकृत्याहं व्यवहरामि ।

[कालाद्बहोः "आयुर्वेदः", "यावनवैद्यम्" इत्येतत्तन्त्रद्वयमेव देशेऽस्मिन् सुप्रथितमास्ते । तत्र च गैर्वाण्यामादौ,तामनुसृत्य देशभाषासु अनन्तरं च वैद्यकग्रंथाः क्रमेणावातरन्। द्रविडभाषात्मकेषु वैद्यकग्रन्थेषु सांस्कृतेभ्योऽपि का वा प्रधानतो विभिन्ना पद्धतिरस्ति निरूपितेति न कोऽपि सुस्पष्टमभिदधाति; येन किल पृथगेतत् भारतीयं तृतीयं अन्यादृशं च तन्त्रमिति वयं प्रभवामो निश्चेतुम् । "सिद्धवैद्यम्" इत्येतत् अश्रुतपूर्वं प्रमाणापेतं च भवति नाम । अद्यैव द्वित्रैर्वत्सरैः, मद्रराष्ट्रे कोणेषु केषुचन विद्यमानैः कैश्चन परिमितैर्वैद्यैः किमपि अविज्ञातपूर्वं नामैतादृशं परिकल्प्य वीतशङ्कं समुद्घुष्यते । "रसरत्नाकरः", "रसरत्नसमुच्चयः", "रसेन्द्रचिन्तामणिः", "रसेन्द्रसारसंग्रहः", "रसराजसुन्दरः" "रसप्रकाशसुधाकरः", इत्येतादृशाः सुबहवो रसग्रन्थाः नित्यनाथ-सोमदेव-चन्द्रसेन-गोविन्द-नागार्जुन-वाग्भटादिभिः सिद्धपुरुषैः प्राक्कालिकैः सन्ति गैर्वाण्यां विरचिताः; बहवश्च येषु संप्रति सुष्ठु मुद्रिताः सन्ति सर्वसुलभाश्च । अतः द्रविडभाषात्मकानां कतिपयग्रन्थानामेव सिद्धवैद्यमिति नाम न निर्देष्टुं शक्यते; यतः, तत् संस्कृतरसग्रन्थसमुदायेऽपि व्यभिचरति । परं च परिभाषाणां वैपुल्येन, भाषावैशद्येन, विषयाणां गुम्भनवैखर्या, औषधयोगानां विधानक्रमविवरणपरिपाट्या च संस्कृतरसग्रन्थाः (इतरेऽपि संस्कृतवैद्यकग्रन्थाः) प्रशस्ततराः सूपयोगाश्चेति सकृदेतेषां पठनतः प्रभवति तटस्थमतिर्ज्ञातुम् । दोषाणां त्रितयं, धातूनां सप्तकं, पाञ्चभौतिकं शरीरं इत्येते विषयाः सांस्कृतैरिव द्राविडैरपि वैद्यकग्रन्थैः शास्त्रस्याधिष्ठानांशत्वेन सन्ति व्यवहृताः । औषधयोगविषये च न खलु सांस्कृतात् द्राविडं वैद्यकं क्वचिदपि अतिरिच्यते । किञ्च द्रविडवैद्यग्रन्थाः रसौषधयोगप्रतिपादनांशे विशिष्यन्ते संस्कृतग्रन्थेभ्योऽपीति यदुच्यते कतिपयैः, सापि, मन्ये, मूलरहिता वाचोयुक्तिरिति । अगस्त्यादिभिः प्रणीतानां रसग्रन्थानां तदितरेषां च वैद्यग्रन्थानां सांस्कृतान्येव आयुर्वेदतन्त्राणि अभवन् मूलानीत्यस्य प्रमाणानि सन्ति सुव्यक्तानि । दृश्यतामिदं अगस्त्यकृतस्य "करिशल्" नाम्नो ग्रन्थस्य आवतारिकं पद्यम्:—

"வெகுவித மாயுருவேதக் கிரந்தம் தொகையுணர்ந்தோதித்தொகுத்த வைத்தி
யார்த்த ரத்நாகரம் இரசசிந்தாமணி இரசசூடாமணி யிரசப்பிரகரணம்
இரசமாலை யிரசகாமதேனு இரசதந்திரநூல் இரசராசாங்கம்
இரசவகை வடநூலிவை பிறவும் வைத்தியசிந்தாமணி வைத்தியார்த்தம்
வைத்தியகுடாரி வைத்தியசிகாமணி * * * *
சந்திர வைத்தியந்தானளவில்லை சூத்திரமுப்பதிற்றொகை யிருகோடி
யுளது கிரந்தமுமோதியுணர்ந்து அளவிலுலகு னுயிர்நோயகவ
இருளினையகற்று மிரவியைப்போல அருளொளிபோல் தமிழாக விரித்தனன்
* * * * * *
முடிவில் முதல்வன் முத்திதரும் சொற்கதிதரும் கயிலையம்பதியென்னும்
பொதியமலை யகத்தியமுனிபுங்கவனே."

अत्र गैर्वाण्यां विद्यमानान् बहून् रसग्रन्थान् अपरांश्च आयुर्वेदग्रन्थान् स्वयमधीत्य तानेव द्राविड्यां विवृतवान् महामुनिरगस्त्य इति स्पष्टं समभिहितमास्ते । "तेरैयर् शेखरप्पा" (தேரையர் சேகரப்பா) इतिग्रन्थस्य मङ्गलपद्यस्यानन्तरं किमभिहितमिति अवलोक्यतां भवद्भिरेव—

" தமிழின்புற வசனம் பெற தனுவந்தரிவடநூல்
இமிரும்பத முழுதுங்கவி யெழுதும்படி வருமே
அமலன்பரை யருளுஞ்சுத ரருளுங்குரு வரனும்
குமரன்புறு தவமும்புரி தகவுங்கொளரிவனே."

इत्येतैः अपरैश्च हेतुभिर्बलवद्भिः अस्ति वक्तव्यं, नास्ति किमपि तन्त्रान्तरं नाम्ना "सिद्धवैद्यम्" इति । परं च केवलमिदं काल्पनिकं अव्यवहृतपूर्वं च शब्दमात्रपर्यवसायि नाम ।]

२. (a) दोषाणां वैषम्यमेव सामान्यतः सर्वेषां रोगाणां कारणं इत्येतदतिसंक्षिप्तमुत्तरम् । [समितेः प्रबोधनाय दोषाणां, तद्वैषम्यस्य, ततश्च विकृतिमधिगच्छतां धात्वादीनां च स्वरूपविवरणं किञ्चिदिवात्र क्रियते ।

दोषविवरणम्—(संग्रहः) वायुः, पित्तम्, कफ इति त्रयः सन्ति धातवः । (धातूनां सामान्यतः शरीरस्य सर्वस्य च धारणात् धातवः इति नाम समुपनतम् ।) यस्मिन् कस्मिश्चन विकारे देहस्य सति समुद्भवति, प्रथमतः त्रयोऽप्येते, अन्यतमौ वा, उतान्यतमो वा प्राकृतावस्थां विहाय बलवदबलवद्वा वैकृतं किमपि अधिगच्छति; ततश्च शरीरमपि दूषयति दूषयन्ति वा । एवं च शरीरस्य दूषकत्वात् धातूनाममीषां "दोषाः" इति नाम शास्त्रीयव्यवहारेषु अन्वर्थं च रूढं च समभवत् । धातवः—रसः, रक्तम्, मांसम्, मेदः, अस्थि, मज्जा, शुक्रं (पुंसां, स्त्रीणां रजः) इति सप्तैते शरीरस्य धारकाः पदार्थाः त इमे वस्तुतो "धातवः" इति, दूषणार्हत्वात् "दूष्याः" इति च व्यवह्रियन्ते ॥ मलाः—पुरीषम्, मूत्रम्, स्वेदः, शिङ्घाणम्, गूधिका इत्येते "मलाः" इत्यभिधीयन्ते ॥

वात-पित्त कफास्तावत् सर्वानप्येतान् आदृत्य पालयन्ति । स्वेषां चाधीने तान् स्थापयित्वा, तद्द्वारा तदीयानि (विशेषतो धातुसंबन्धीनि) सर्वाण्यपि बाह्यानि आन्तराणि च कर्माणि कारयन्ति । तत्र च सर्वेषामुपरि वातदोषोऽस्ति अधिकृतः । एवं च धातुभिः, दोषैः, मलैश्च शरीरमस्ति अभिनिर्वृत्तम्, इति अस्मदीयः सिद्धान्तः ।

॥ दोषाणां किञ्चित् विस्तरेण विवरणमत्र क्रियते ॥

दोषाणां सामान्या उपयोगाः— तत्र वातस्य प्राकृता उपयोगाः—उच्छ्वास-निश्वासोत्साह-प्रस्पन्देन्द्रियपाटव-वेगप्रवर्तनैः, धातूनां सम्यग्गमनेन च देहं अनुगृह्णाति वायुः । पित्तस्य प्राकृत उपयोगाः—क्षुत्-पिपासा-विषयाद्यभिलाष-प्रभा-दर्शन-मेधा-शौर्य-देहमार्दवादिभिः गुणैः, अन्नपचनेन, प्राकृतेन चोष्मणा पित्तं अनुगृह्णाति देहम् । श्लेष्मणः प्राकृता उपयोगाः—स्थैर्य-स्नैग्ध्य-संधिबन्धन-वृषत्व-क्षान्ति-धी-बल-द्रवाद्याधानैः कफः पालयति देहम् ।

दोषाणां विशिष्टा उपयोगादयः—पाञ्चभौतिकत्वं धातूनामिव दोषाणामपि व्यवहरन्ति आयुर्वेदविदः । तत्र वातः वाय्वाकाशाभ्यां, पित्तं अग्निना, श्लेष्मा चाम्भःपृथिवीभ्यां अभिनिर्वृत्ताः । दोषस्यैकैकस्य च स्थान-कर्मभेदैः पञ्चात्मकत्वमस्ति निर्णीतम् ।

वाताः पञ्च—(१) प्राणवायुः—अस्य मूर्धा (मस्तुलुङ्गः मस्तिष्को वा) स्थानम् । कण्ठे चोरसि चैष चरति । बुद्धीन्द्रिय-हृदय-मनोनाडीधारणम्, ष्ठीवनम्, क्षवथुः, उद्गारः, निश्वासोच्छ्वासौ, अन्नप्रवेशाख्यानि अस्य कर्माणि । (२) उदानवायुः—अस्य स्थानं उरः; कण्ठे, नासिकायाम्, नाभौ च चरति; वाक्प्रवृत्ति-प्रयत्नोर्जा-बल-वर्ण-स्रोतःप्रीणन-धी-धृति-स्मृति-मनोनिबोधनादीनि अस्य कर्माणि । (३) व्यानवायुः—अस्य हृदयं स्थानम्; कृत्स्ने देहे च चरति । जवात् कर्माणि करोति । गतिप्रसारणाकुञ्चनोत्क्षेपावक्षेपनिमेषोन्मेष-जृंभण-स्वादन-स्रोतश्शोधन-स्वेदासृक्स्रावण-शुक्रोत्पादनानि, अन्नात् किट्टरसविभाजनम्, धातूनां तर्पणं चेति कर्माणि अदसीयानि । (४) समानवायुः—अग्निधरकलां आश्रित्यैष विद्यते; कोष्ठे सर्वतः पक्वामाशयांबुभवस्रोतस्सु संचरति; अग्निं अतः संधुक्षयति; अन्नधारण-पाचन-विवेचन-किट्टाधोनयनक्रियाः विदधाति । (५) अपानवायुः—अपानदेशमवतिष्ठते; वस्ति-श्रोणि-मेढ्र-वृषण-वङ्क्षणोरुषु चरति; विण्मूत्र-शुक्रार्तव-गर्भनिष्क्रमणादीनि कर्माणि करोति ।

पञ्च पित्तानि—(१) पाचकम्—आम-पक्वाशययोरन्तरे तदिदमवतिष्ठते; तेजोगुणोत्कर्षात् क्षपितसोमगुणम्, सहकारिकारणैः वायुक्लेदादिभिः अनुगृहीतत्वात् दहनपचनादिक्रियाभिः अधिगताग्निशब्दं पित्तमिदं अन्नं पचति, सारकिट्टौ विभजति, शेषाणि च पित्तस्थानानि तत्रस्थमेवानुगृह्णाति । (२) रञ्जकम्—यत् किल रसं असृक्त्वेन परिणामावसरे रञ्जयति तदभिधीयते रञ्जकम् । (३) साधकम्—बुद्धिमेधाभिमानोत्साहादीनां संधुक्षणात्मकं कर्म यत् विदधाति तत् साधकं इति व्यवह्रियते । (४) आलोचकम्—दृष्टिभागमाश्रित्य रूपालोचनरूपं (दर्शनं) कर्म यत् कुरुते तदालोचकम् । (५) भ्राजकम्—त्वचं समाश्रित्य पित्तमिदं ऊष्मणा स्वतेजसा च तामनुगृह्णाति, अभ्यङ्गपरिषेकालेपनादीन् पाचयन्ति च ।

पञ्च श्लेष्माणः—(१) अवलम्बकः—अस्य स्थानं उरः; स्ववीर्येण त्रिकस्य, हृदयस्य, श्लेष्मस्थानानां चोदककर्मणा करोत्यवलम्बनम् । (२) क्लेदनकफः—स्थानमस्यामाशयः; अन्नसंघातं क्लेदयति, (पाचकपित्तानुगृहीतः) पाचयितुमन्नमुपकरुते । (३) बोधककफः—आस्यम्, विशेषतो जिह्वामाश्रित्य विद्यते । रसानां अवबोधनं अदसीयं प्रधानं कर्म । (४) तर्पककफः—स्थानमस्य शिरः । सर्वाण्यपि इन्द्रियाणि तर्पयति । (५) श्लेषककफः—अस्थिसंधिप्रभृतिषु विद्यमानः सन् तेषां परस्पराश्लेषं विधाय, पर्वणां कर्म सुकरमादधाति ।

एवं अङ्गानि अशेषाण्यपि अभिव्याप्य, अविकृताः वातादयो दोषा देहं अव्यक्तरूपैः स्वकीयैः विविधैरंशैः पालयन्ति सततम्। देहस्थेष्वो प्रतिनियतत्वात्, त इमे त्रयो दोषाः शरीरस्य तिस्रः स्थूणा इत्यपि व्यवह्रियन्ते । इमे देहं अविकृताः पालयन्ति, विकृताश्च विकुर्वन्ति ।

विकृतानां दोषाणां सामान्यानि लक्षणानि—वाते विकृते कार्श्य-कार्ष्ण्य-कंप-स्फुरणोष्णकामिता-निद्राभाव-हीनबलतेन्द्रियोपघातास्थिशूल-मज्जाशोष-मलसंगाध्मानाटोप-मूर्छा-दैन्य-भय - शोक-प्रलापादीनि भवन्ति लक्षणानि । पित्ते विकृते पीतत्वक्-ग्लानीन्द्रियदौर्बल्योजोभ्रंश-शीताभिलाष-दाहतिक्तास्यता-तृण्मोहाल्पनिद्रता-क्रोध-पीतमलत्व-पीतमूत्रत्व-पीतनेत्रत्वादीनि लक्षणानि । कफे विकृते शैत्यपाण्डुता-स्थौल्यालस्य-गौरव-स्रोतोनिरोध-निद्रा-तन्द्रा-श्वास-कास-प्रसेक- हृल्लासाग्निसाद- संधिस्तब्धतादीनि भवन्ति लक्षणानि ।

दोषविकृतेः सामान्यं कारणम्—विविधाहितसेवनं दोषाणां विकृतेः कारणं इति संग्रहः। किंचाद्यस्तरतस्तु—(१) हीनमात्रया, अतिमात्रया, मिथ्यया वा इन्द्रियार्थैः संयोगः; (२) हीन-मिथ्यातिमात्रात्मकशीतोष्णादियुक्तः कालः; (३) कर्म च दुष्कृतं इति तत् कारणं त्रिविधं भवति॥ अथवा (१) अहितद्रव्यसेवनम्, (२) अहितक्रियाचरणम् इति द्विधा वा॥ (अयमेव मिथ्याहार-विहारोपयोग इति चाभिधीयते ।)

अतश्चैष सिद्धान्तः, यत् दोषवैषम्यं रोगकारणं भवतीति। दोषविकृतेः विशिष्टानि कारणानि—"वैगुण्यमुपपन्नानां देशकालानिलाम्भसाम्। गरीयस्त्वं विशेषेण हेतुमत् संप्रपद्यते॥" इति। जनपदोद्ध्वंसकानां व्याधीनां झटिति विकृतिमधिगतो देशः कालो वा वायुर्वा सलिलं वा हेतुतां विशेषतः प्रतिपद्यते। सद्योव्रण-विषदंशाग्निदाहादयोऽपि विशेषकारणानि भवन्ति; आगन्तुकानां विकाराणां यानि किल हेतव इत्युच्यन्ते।

इतः परं भवद्भिः पृच्छ्यमानः, अस्मदीयस्य सिद्धान्तस्य नव्यपरीक्षया शोधनार्हत्वं कथं स्यादिति एष विषयः, मन्ये, त्रिदोषविषयमवलंब्यैव प्रवृत्त इति। आधुनिकानां तान्त्रिकयान्त्रिक-शोधनक्रमाणां किमर्थं आयुर्वेदिकैः सिद्धान्तैः भव्यैर्भवितव्यम्? आस्तां नाम यथा तथा वा। त्रिदोषतत्त्वस्य नव्यशास्त्रसंप्रदायानुरोधेन ऊहाप्रकल्पितान्, आनुमानिकांश्च सिद्धान्तक्रमान् अव-लम्ब्य विलिखितं अतिसंक्षिप्तं मदीयं उपन्यासपुस्तकमेकं अस्त्यत्र समायोजितम्; यत् किल वैद्यविमर्शक-समित्याः प्रश्नस्यास्य कथंचिदुत्तरोपपादकं भवति।

(6) आयुर्वेदे रोगविज्ञानविषये (१) रुग्णपरीक्षा, (२) रोगपरीक्षा चेति उपायद्वयमास्ते। तत्र (१) रुग्णपरीक्षायाः दर्शनम्, स्पर्शनम्, प्रश्नश्चेति त्रयः साधारणा उपायाः। चक्षुषः, जिह्वायाः, मूत्रमलादीनां च दर्शनम्, स्थिरकठिनमृदुत्वादिविकृताविकृतगुणविशिष्टानां अवयवानां, नाड्यादीनां च स्पर्शनम्। शूलतोदादीनां विकाराणां प्रश्नः।

(१) नाडीपरीक्षा, (२) मूत्रपरीक्षा, (३) मलपरीक्षा, (४) जिह्वापरीक्षा, (५) शब्द-परीक्षा, (६) स्पर्शपरीक्षा, (७) नेत्रपरीक्षा, (८) आकृतिपरीक्षा चेति अष्टौ विशिष्टाश्च सन्ति परीक्षोपायाः।

(२) रोगास्तावत् निदानम्, प्राग्रूपम्, रूपम्, संप्राप्तिः, उपशयश्चेति पञ्चानां अंशानां निरीक्षणद्वारा परीक्ष्यन्ते।

तत्र रोगस्य मूलकारणं "निदानम्"। इदं तु सन्निकृष्टम्, अथ विप्रकृष्टं इति द्विधा। [तादात्विकः अहित आहारो विहारो वा यदि कमपि व्याधिमुत्पादयति, तादृशः आहारः विहारो वा तस्यामयस्य भवति सन्निकृष्टं कारणम्। अस्मत्संप्रदायानुरोधेन कफदोषः शिशिरकाले चयावस्थां अधिगच्छतीति, स चानन्तरं क्रमेण वसन्तर्तौ प्रकुप्य श्लैष्मिकान् रोगान् उपजनयतीति च वयं आनुभविकं तत्त्वार्थमवलंब्य व्यवहरामः। इह वसन्तर्तौ समुत्पन्नस्य श्लैष्मिकरोगस्य कारणं यत् तदभिधीयेत विप्रकृष्टमिति। एवं च व्यवह्रियेत—यत्, वातादीनां दोषाणां विकारो रोग-हेतुरिति, तेषां दोषाणां विकारजनकं किमपि मूलकारणं भवतीति च कथयामः किल वयम्; तत्र रोगस्य साक्षात् संबन्धी यो हेतुः स सन्निकृष्टः, स च दोषविकाररूपः। तद्दोषविकारस्य हेतुः (मूलकारणं व्याधेः दवीयश्च) यः, स विप्रकृष्टहेतुः। रूक्षस्निग्धादिसेवया स्वशरीर एव संक्रान्तस्य कारणस्य सन्निकृष्टत्वम्, मातापित्रोर्दोषेण संक्रान्तस्य विप्रकृष्टत्वं चाचक्षते।] किञ्च, यत् किल

झटिति विकारनिर्वर्तनक्षमं तत् प्राधानिकं कारणमिति, यच्चानुपदमेव विकारोत्पादनासमर्थं तत् व्यभिचारि कारणमिति निदानं अन्यथापि द्विधास्माभिः विभज्यते । अपि च यत् प्रथमतो दोष-प्रकोपकादिद्वारा व्याधिं अन्तश्शरीरं अङ्कुरयति तत् उत्पादकं कारणमिति, अथान्तः प्रच्छन्नं आमयं यदभिवर्ध्य बहिः प्रकाशयति तत् व्यञ्जकं कारणमिति च व्यवह्रियतेऽस्माभिः ।

प्राग्रूपम्—भाविव्याधिविशेषस्य (न तु दोषविशेषस्य) यत् सूचकं लक्षणं तत् पूर्वरूपम् ।

रूपम्—व्याधेर्यदभिव्यक्तं लक्षणम् ।

उपशयः—व्यवहारे त्वयं उपशयानुपशयभेदेन द्विधा भवति—

(१) औषधप्रयोगादिद्वारा समुत्पद्यमानः सुखानुबन्धः "उपशयः" इत्युच्यते । [स्वरूपतो हेतुविपरीतैः, व्याधिविपरीतैः, उभयविपरीतैर्वा, अथवा फलतो हेतु-व्याध्युभयप्रत्यनीकैर्वा भेषजाहारविहारप्रयोगैः यः किल व्याधिनिवृत्तिरूपः सुखानुबन्धः स उपशय इति संक्षिप्तं विवरणम् । अस्यैव "व्याधिसात्म्यम्" इति च नाम ।]

(२) उपशयात् यत् व्यावृत्तं फलं उपलभ्यते तत् "अनुपशयः" इत्युच्यते । [प्रयुज्यमानेन औषधान्नविहारात्मकेन चिकित्सितेन व्याधिपरिहाराभाव एवानुपशयः । एष व्याध्यसात्म्यनाम्ना चाभिधीयते ।] कथमेष उपशयः, अनुपशयो वा व्याधिपरिज्ञानस्योपायत्वेन परिगण्येत इति स्यादाकाङ्क्षा । उच्यते । निदान-प्राग्रूप-रूपादिभिः उपायान्तरैः निर्धारितुं सति दुश्शके कस्मिंश्चनामये, संदिग्धेषु वा व्याधिस्वरूपेषु, औषधादीन् प्रयुज्य, ततश्चाभिनिर्वर्तमानं फलं उपशयात्मकं अनुपशयात्मकं वाभिसमीक्ष्य व्याधेस्स्वरूपं इदमित्थमिति निर्धार्यते । अतश्च व्याधिपरिज्ञानविषये उपशयस्यापि उपायत्वं अङ्गीक्रियते ।

संप्राप्तिः—दोषदुष्टेः अङ्कुरावस्थां यावदारभ्य, व्याधेः सम्यगाविर्भावं यावत् आमयाभिनिर्वृत्तिप्रकारबोधको य उपायः स संप्राप्तिरुच्यते । [कथं दोषो दुष्टः, कथं च स धातु अभिव्याप्तः, अन्ततश्च तेन कथं व्याधिर्निष्पादितः इत्येवंप्रकारकः परामर्शः संप्राप्तिः ।] संप्राप्तिरपि विविधा भवति, न ते भेदाः मयात्र विविच्यन्ते ।

व्याधेः परिज्ञानायास्माकं उपायभूतास्त इमे विषयाः पञ्चापि संग्रहेणात्र समभिहिताः, यत्समुदायस्यैव "निदानपञ्चकम्" इति नाम ।

अथ चिकित्सा—आयुर्वेदिकचिकित्साक्रमान्तर्गतेषु विषयेषु पाश्चात्यादिवैद्यतन्त्रान्तरेण केनचिदपि अक्षुण्णाः सन्ति अंशाः बहव इति सावष्टम्भमहं अभिदधामि । अस्मदीये वैद्यकतन्त्रे चिकित्सासंबन्धिनः सन्ति परिष्कृता नियमाः, सुसंस्कृताश्च चिकित्सापद्धतयः ।

प्रथमो नियमश्चिकित्सायाम्—औषधप्रयोगेण, आहारविनिमयादिना, विहारविशेषेण वा व्याधेश्चिकित्सां कुर्मः । [(१) कषायादीनां बाह्यान्तस्सेवनं औषधप्रयोगः । (२) ओदन-यवागू-पेयाद्युपयोगेन आहारविनिमयरूपं चिकित्सितं क्रियते । (३) धावनोपवेशन-शयन-जागरण-स्वप्न-लङ्घन-वातातपसेवनादिकं विहारः ।] तत्र औषधाहारविहारास्त्रयोऽपि प्रत्येकशः हेतुविपरीतत्वव्याधिविपरीतत्वोभयविपरीतत्वहेतुविपरीतार्थकारित्वव्याधिविपरीतार्थकारित्वोभयविपरीतार्थकारित्वभेदेन षोढा प्रयुज्यन्ते ।

द्वितीयः नियमः—चिकित्सायां तावत् सामान्यचिकित्सा, विशेषचिकित्सा चेति केचन सन्ति आयुर्वेदे प्रशस्ता नियमाः । तत्र सामान्यचिकित्सा कायचिकित्सेति, शल्यचिकित्सेति च द्विधा विभज्यते । (विशेषचिकित्सायामपि शल्यं अन्तर्भवति ।) उपरि निर्दिष्टाः षड्विंशश्च नियमाः सामान्यचिकित्सायां अन्तर्भवन्ति । विशेषचिकित्सास्तु कायचिकित्सा, बालचिकित्सा, ग्रहचिकित्सा, ऊर्ध्वाङ्गचिकित्सा, शल्यचिकित्सा, विषचिकित्सा, वाजीकरणचिकित्सा चेति अष्टभिर्विभागैः सुनिपुणं चिकित्सां निर्वर्तयितुं सन्ति त्रिषया विवृताः ।

तृतीयो नियमः—तेषु अष्टविधेषु विशेषचिकित्साक्रमेषु कायचिकित्सा तावत् "शमनम्", "शोधनम्" इति द्विधा भवति ।

कायचिकित्सायाः पद्धतयः—बहुप्रकाराः सन्ति पद्धतयः कायचिकित्सायाः (१) स्नेहनम्—एतत् बाह्यस्नेहनम्, आभ्यन्तरस्नेहनम् इत्यादिभेदेन विविधं भवति । (२) स्वेदनम्—महास्वेदः, मध्यमस्वेदः, दुर्बलस्वेदः इति सामान्यास्त्रयो भेदाः सन्ति; अत्र विशिष्य तु तापस्वेदः, ऊष्मस्वेदः, उपनाहस्वेदः, शाल्वणस्वेदः, जेन्ताकस्वेदः इत्यादिभेदेन तत् विविधं भवति । (३) वमनम् । (४) विरेचनम् । (५) वस्तिः—निरूहवस्तिः, अनुवासनवस्तिः, उत्तरवस्तिः इत्येष त्रिधा सामान्यतः । विशेषतस्तु प्रयोगसौलभ्यार्थं अवान्तरभेदत्वेन मात्रावस्तिप्रभृतयश्च केचन क्रमाः सन्ति । आयुर्वेदे वस्तिचिकित्सा सुतरां विशिष्यते । बहुषु रोगेषु अस्य प्रशस्यते प्रयोगः । "एष सर्वोपक्रमाणां प्रधानतमः शीघ्रसुखबृंहणानुकारित्वात् विकृताविलोच्छेदित्वाच्च ।" किञ्च "वस्तिः बाल-वृद्ध-कृश-स्थूल-क्षीणधात्विन्द्रियेषु, स्त्रीषु कृच्छ्रप्रजासु चोपदिश्यते ।" (६) नस्यकर्म—इदं रेचन-बृंहण-शमनभेदेन त्रिधा । तत्र स्नेहनं तु मर्श-प्रतिमर्शभेदेन द्विधा । किञ्च प्रयुज्यमानस्यौषधस्य स्वरूपानुरोधेन रेचननस्ये अवपीडनम्, ध्मानं इत्यादयोऽपि केचन सन्ति भेदाः। (७) धूमपानम्—स्नेहन-मध्यम-तीक्ष्णानि इति त्रीणि धूमपानानि । (८) गण्डूषः—स्नेहनः, शमनः, शोधनः, रोपणः इति चतुर्विधा गण्डूषाः । (९) कबलग्रहः । (१०) नेत्रप्रसाधनम्—आश्च्योतनम्, अञ्जनम्, तर्पणम्, पुटपाकः इत्येवंप्रकाराः सन्ति अत्र भेदाः । (११) शिरोवस्तिः ।

शल्यचिकित्सायाः पद्धतयः—कायचिकित्सातोऽपि शल्यचिकित्सा विषयविभागभेदैः सुतरां विशिष्यते । एतत्संबन्धीनि अङ्गानि उपाङ्गानि च सर्वाणि नात्र संगृहीतुं शक्यते; यतः पद्धतिरेषा विषयभेदेन, विषयवैशाल्येन च भवत्यतिबहुला । तथापि समितेः प्रबोधनाय संग्रहात् संग्रहतरं किञ्चिदिव विषयं विवृणोमि । अधस्तादिह सुसंक्षिप्तं निर्दिश्यमानाः सर्वेऽपि विषयाः शल्यचिकित्सायां (शस्त्रचिकित्सेति सामान्यैः व्यवह्रियमाणायां) अन्तर्भवन्ति । (१) शस्त्रप्रयोगः—विविधानि मण्डलाग्र वृद्धिपत्रोत्पलपत्र-करपत्र-कर्तरीप्रभृतीनि शस्त्राणि प्रयुज्य क्रियमाणाः छेदन-भेदन-कर्तन-पाटनादयः पद्धतयोऽस्मिन् अन्तर्भवन्ति । (२) अग्निकर्म—साक्षात् अग्निना वा, अग्नितप्तैः लोह-पाषाणादिभिरुपकरणैर्वा अवयवेषु आवश्यकेषु दाहः । (३) क्षारकर्म—अग्निकर्मापेक्षया क्षारकर्म मृदुतरं भवति । ततः सुकुमारप्रकृतीनाम्, सुकुमारेषु अग्निदाहाक्षमेषु अवयवेषु च दाहकर्मनिर्वर्तनाय तदिदं भवत्यनुकूलम् । (४) सिरामोक्षः—सिराभ्यो दुष्टरक्तस्रावणाय क्रियमाणं कर्म । (५) जलूकाप्रयोगः—मृदुप्रकृतिषु, कोमलेषु अङ्गेषु च (शस्त्रपातनाक्षमेषु) दुष्टरक्तस्य स्रावणार्थं जलौकसां प्रयोगः । (६) अलाबुघटिकाप्रयोगः—रोगपीडितेषु अवयवेषु दोषविलयनादिकं कर्म निर्वर्तयितुम्, अवगाढेभ्यः अवयवेभ्यो रक्तमाहर्तुं च अग्निगर्भाणां घटिकानां प्रयोगः । (७) मूढगर्भचिकित्सा—गर्भाशये विषमस्थितैरङ्गैः अर्गलवत् अन्तः प्रसवसमये तिष्ठतः अर्भकस्य (जीवतो

मृतस्य वा) गर्भशङ्कुप्रभृतिशस्त्रप्रयोगेण बहिरानयनपद्धतिः । (८) शालाक्यम्—यद्यपि शल्य चिकित्सायां एतदपि अन्तर्भवति, तथापि ऊर्ध्वजत्रुगतानां नेत्र-श्रोत्र-गल-तात्वाद्यवयवानां विकृतिमधिगतानां शस्त्रप्रयोगेण क्रियमाणायाश्चिकित्सायाः वैशिष्ट्यं प्रदर्शयितुं पद्धतिरसाधारणेयं पार्थक्येन प्रकल्पिता ।

आमयानां सर्वेषामपि वयमाचरामश्चिकित्साम् । चिकित्साश्चास्मदीयाः सुबहूपयोगिन्य इति वयमिव (भिषज इव) जनाश्चेतरेऽपि अभिप्रयन्ति । आयुर्वेदवैद्यशालाभ्यः परश्शतसंख्याकानां रुग्णानां अन्वहं आगमनम्, आदानं चास्मदीयचिकित्सायाः सविस्रंभं इत्येतदेव विषयस्यास्य तथ्यतां दृढीकरोति । आमयाविनश्चिकित्स्यमाना अस्माभिः सश्लाघं अस्मच्चिकित्सायाः प्रयोजनं अङ्गीकुर्वन्ति । स्वच्छन्दतया भैषज्यकर्माचरन् एकैकोऽपि स्वात्मना क्रियमाणस्य चिकित्सितस्य, तत्फलस्य च लेखनं न प्रायेण यतः समाचरति, ततः केषु केषु संदर्भेषु चिकित्सितानि अस्मदीयानि भवन्ति अमोघफलानीति सोपपत्तिकं विषय इह न निवेदयितुं शक्यते । तथापि यस्.के.पि.डि. आयुर्वेदवैद्यशालायां चिकित्सितानां रुग्णानां याः किल संख्याः, ये च नाम व्याधयः सम्यगस्मच्चिकित्सया निवारिताः, तेषां उपपादनं प्रत्येकशः संख्यानिवेशपूर्वकं समायोजितमस्ति अनेन ।

(c) आम्; व्याधिषु कतिपयेषु, अवस्थान्तरेषु च केषुचन तन्त्रान्तरीयचिकित्सितादपि आयुर्वैदिकं चिकित्सितं फलेन प्रशस्ततरमिति अस्मदीयाशयः । पक्षवधस्य, अर्दितस्य च वयमाचरामश्चिकित्साम् । अद्यापि व्याधेरस्य केरलेषु आयुर्वेदपद्धतिमनुसृत्य चिकित्साः सिद्धफलाः सुबहुभिर्निष्पाद्यन्त इत्येष विषयः सार्वजनीनः । आमवातः, असृग्दरः, कुष्ठः, अर्शः, यक्ष्मा इत्येवमादयश्च सम्यक् आयुर्वेदवैद्यैः चिकित्स्यन्ते । व्याधिभिरेतैः, अन्यैश्च कैश्चन एतादृशैः अभिपीडिताः रुग्णाः पाश्चात्यवैद्येन अनधिगतप्रयोजनाः पश्चात् अन्वेषयन्ति अस्मदीयामेव चिकित्सामिति एतदेवास्मदीयरोगोपक्रमवैशिष्ट्यस्य स्थितिस्थापकं भवति । (यस्.के.पि.डि. वैद्यशालायां चिकित्सितानां रुग्णानां अभिनन्दनपत्राणि कानिचन अनुबन्धत्वेन सन्ति आयोजितानि; तानि अवलोक्यन्ताम् ।)

३. तृतीयः प्रश्नः—(a) अथकिम्, श्रीकन्यकापरमेश्वरीदेवस्थानायुर्वेदवैद्यशालायां अहं प्रधानो भिषक् ।

(b) (१) अद्य विद्यमानाः वैद्यशालाः चिकित्साः सर्वाश्च सम्यक् आचरितुं सर्वथा समग्रा इति न प्रभवामि अभिधातुम् । एताः संप्रति सामान्यवैद्यशाला भवन्ति, न तु आतुरालयाः (आरोग्यशाला वा) । अतो हेतोः, अधुनातनवैद्यशालासु बलीयसां आमयानां उपक्रमोपयोगिनः स्नेह-स्वेद-वस्ति-शस्त्रकर्मादयः प्रधाना बहवश्चिकित्साक्रमा न निर्वर्त्यन्ते । आयुर्वेदिकानि उत्तमानि अशेषाण्यपि औषधानि निर्मातुं रुग्णेभ्यो यावदावश्यकमुपयोक्तुं च न हि विशेषतः सौकर्यमप्यास्ते । अवस्थायाः क्लिष्टस्याः मूलकारणं आकिंचन्यमेकत्र, अपरत्र राजकीयसाहाय्याभावश्च ।

(२) सांप्रतिक्यः कलाशालाश्च विशेषाभ्यासैरवगन्तुमर्हान् विषयान् अशेषानपि अवबोधयितुं आवश्यकैः अङ्गैरुपकरणैश्च न हि सन्ति समग्राः । समुचितस्य वेतनस्य संविधाने सुतरां अप्रभविष्णुतया शास्त्रतत्त्वावबोधननिष्णातानां वैद्यविदुषां उपाध्यायत्वेन नियमनेऽपि अधुनातनाः पाठशाला सन्ति असमर्थाः । कलाशालामवष्टभ्य कस्यचन आतुरालयस्य, शस्त्रचिकित्साभ्यासोचितस्यावकाशस्य, औषधोद्यानस्य, सूतिकागृहस्य, औषधपाकशालायाः, पुस्तकभाण्डागारस्य च नाद्य विद्यते संयोगः । अस्मद्गुरुवर्यैः कीर्तिमात्रावशिष्टैः श्रीमद्भिः वैद्यरत्नगोपालाचार्यमहोदयैः मद्रनगरे आयुर्वेदकलाशाला कथं चित् पूर्वोक्तैः अङ्गैः प्रायेण समुपेतैवाभूत् संपादिता; अतश्च सा

कलाशाला समभवत् प्रायेण तदानीं आदर्शभूतेत्यामोदनीया। यतस्तत्र पठितम् पाठितं च मया प्राक्, अतः कलाशालायास्तस्याः सांप्रतिकी दुरवस्था किंचिदिवाभवत् इह सूचनीया।

(c) आयुर्वेदपद्धतिमनुसृत्य चिकित्साः रुग्णेभ्यो यावदावश्यकमाचरितुम्, तच्छास्त्राभ्यासमाधातुं च नास्ति संप्रति संविधानसामग्रीति यत्सत्यमेष सर्वविदितो विषयः। आयुर्वेदचिकित्सोपहरणस्य च, आयुर्वेदाभ्यासस्य च पर्याप्ततया समभिवर्धनायातीव समुचितोऽस्ति एक एवोपायः, यत् राजकीयादारणं नाम। पाश्चात्यवैद्यस्य प्रवर्तनाय यथा राजकीयैः बहुप्रकारेणादरः प्रदीयते, तथैव रीत्या आयुर्वेदश्चादरणीयः। आयुर्वेदकलाशालानां, आयुर्वेदपरीक्षाणां, आयुर्वेदवैद्यशालानां, आयुर्वेदभैषज्यागाराणां च दृढमूलानां संपन्नसर्वाङ्गानां च संस्थापनं राजकीयैरवश्यं भवति विधातव्यम्। विशेषतश्चामीषां संस्थानां, सामान्यतः आयुर्वेदवैद्यस्य च निर्वहणाय स्वतन्त्रो राजकीयावभागः (डिपार्ट्मेण्ट्) कोऽपि पृथगस्ति नियोज्यः; तत्र तत्र विद्यमाना अभिवर्धनीयाश्च प्रथमतो वैद्यशालाः।

४. (a) देशीयवैद्यकतन्त्राणां अत्युत्तमरीत्या अभ्यसनविषये (१) तत्तच्छात्रैः पठनीयेषु शास्त्रविषयेषु प्रथमगणनीययोग्यतावतां अध्यापकानां सविधे माणवकाः (अन्तेवासित्वेन) स्थापनीयाः इत्येव तथ्यतो भवत्युत्तमः पक्षः। (२) आम्; आशासनीयमेव भवेत् तत्, यत् सुसंस्थापितरातुरालयैः, पाकशालाभिः, ग्रन्थभाण्डागारैः, पदार्थप्रदर्शनशालाभिश्चाध्यापकानां विद्यार्थिनां च विशेषसौकर्यसंपादनं नाम। (३) स्वेषु स्वेषु शास्त्रविषयेषु स्वातन्त्र्येण विशेषपरिशीलनादिकं कर्तुं उपाध्यायाः यथा किल लब्धावकाशाः स्युः, तथा समुचितस्य संविधानस्य स्यादेव विधानं तथ्यतः सांप्रतम्।

यद्यपि मनोरथवृत्तय इमाः पाश्चात्यविमर्शकदृष्टेः परमोद्देश्यत्वेन, सुतरां अभिनवत्वेन च प्रतिभान्ति, अथापि प्राक्तनानां आयुर्वेदप्रवर्तकानां मुनिवर्याणाम्, भिषजां एतद्देशीयानां अवगतपरमार्थानां च न हि सर्वथा नवीनतया असाधारणतया वा समवभासन्ते; यतः पुराप्येते प्रायः समभवन् अनुष्ठाने विषयाः; इति चेत्—तत्तच्छास्त्रेषु विशेषविदां आचार्याणां अन्ते वसन्त एव माणवकाः शास्त्रमभूवन् अभ्यसन्तः; अवसितगुरुकुलवासाः, आचार्यानुज्ञाताः, अधिगतराजाज्ञाश्च वैद्याः स्वविशिखां बभूवुरनुप्रविशन्तः। (दृश्यतां सुश्रुतस्य विशिखानुप्रवेशाध्यायः।) आयुर्वेदभिषजां, आरंभात् प्रभृत्येव औषधनिर्माणपद्धतिषु विद्यते स्म सौकर्यं अनुभवसंपादनस्य; यतः वैद्यानां अध्यापकभूतानां स्वस्वगृहेषु स्थलान्तरेषु च रसशालादयो भेषजनिर्माणावकाशाश्च, ज्ञायन्ते, समभूवन् इति। भिषगेकैकोऽपि स्वात्मना पक्कीकृतानि औषधान्येव स्वयं विनियुंक्ते स्म। तस्मात् वैद्यानां तथाविधानां अन्तिके विद्यामभ्यसन्तश्छात्राः ओषधीनां, औषधपाकक्रमादीनां च ज्ञानं बभूवुरधिगच्छन्तः। अद्यापि मद्रपुर एव कतिपयवैद्यशालाः सन्ति आयुवादकेन पथा प्रचलन्त्यः। यत्र किल अधिगतशास्त्राः, प्राप्तयोग्यताश्च सन्ति अधिकृता भिषजः। ताश्च यदि किंचिदिव धनसाहाय्यादिना समाद्रियन्ते, ता एव ततः सुप्रतिष्ठां समधिगम्य भवेयुः कामं आदर्शवैद्यशालाः। परं तु, मयैवं भवति अभिधातव्यम्, यावताहं अवैमि, यत्, नाद्य विद्यते तादृशी काचन कलाशाला वैद्यशाला वा, या हि नाम भवदापृच्छ्यमानैः सर्वैरपि अंगैः स्यात् समग्रा इति। मद्रपुरे विद्यमानानां आयुर्वैदिकानां कलाशाला-वैद्यशालानां यदि सम्यगादरणं आदीयते, मन्ये, आयुर्वेदाभ्यासस्य समुचितो मूलबन्धः स्यादेव निष्पादितप्राय इति; यच्चाहं अभिप्रैमि, न हि किमपि असाध्यम्, न वा निरवधिकद्रव्यनिर्वहणीयं कर्मेति।

(b) अथकिम्; भवन्निर्दिष्टा उद्दिष्टांशाः सर्वेऽपि समग्रतया नाद्यैव निष्पादयितु साध्याः। (१) आयुर्वेदस्य यथावदभ्यसनेन तत्र ज्ञानसंपादनम्, तत्पद्धतिमनुसृत्य देशेऽस्मिन्

अभिज्ञवैद्यद्वारा चिकित्साप्रदानप्रवर्तनम्, पाश्चात्यवैद्यानामिव देशीयभिषजामपि राजकीयेषु च तत्सम्बन्धमावहत्सु च विविधेषु आधिकारिकेषु पदेषु अधिकारप्रदानम्, एतद्द्वारा च सर्वाङ्गीणं आयुर्वेदस्य कर्तव्यमादरणं चेति एतदेवास्मदीयं परमं लक्ष्यम् ।

(२) सपदि समारभ्य निर्वहणक्षमं इतिकर्तव्यताविधानं किञ्चिदिवात्र निरूप्यते ।

आयुर्वेदाभिज्ञानां (१) सामान्ययोग्यतावन्तः, (२) विशेषयोग्यतावन्त इति द्विधा विभजनं कार्यम् ।

उपाध्यायानां नियमनम्—पाठक्रमश्च । सामान्यपरीक्षार्थं वर्षत्रयं पठनीयमिति विनिश्चित्य तदनुसारेण विधानक्रमः सूच्यते। शारीरम्, स्वस्थवृत्तम्, द्रव्यगुणशास्त्रम्, रसतन्त्रं इत्येते विषयाः पाठनीयाः प्रथमवत्सरे । रोगविज्ञानम्, औषधयोगः, कायचिकित्सा इत्येते विषयाः द्वितीये वत्सरे । शल्यचिकित्सा, प्रसूतितन्त्रम्, अगदतन्त्रम्, अनुभवशिक्षणम् इत्येते तृतीये वत्सरे । विषयाणां अमीषां पाठनार्थं पञ्चभिरुपाध्यायैः अवश्यं भवितव्यम् । [शारीर-स्वस्थवृत्तयोः एकः, द्रव्यगुण-रसशास्त्रयोरेकः, रोगविज्ञान-कायचिकित्सयोरेकः, अगदतन्त्रौषधयोगयोः एकः, शल्यतंत्रस्य प्रसूतितन्त्रस्य चैकः ।] पञ्चानामपि एतेषां उपाध्यायानां रूप्यकाणां १९० प्रत्येकशो मासिकं वेतनं उपहर्तव्यम् । विशेषपरीक्षार्थं वर्षचतुष्टयं पठनीयम् । तत्र शारीरम्, स्वस्थवृत्तम्, द्रव्यगुणशास्त्रम्, रसतन्त्रं इत्येते विषयाः प्रथमं वर्षे । रोगविज्ञानम्, औषधयोगः, कायचिकित्सा चेत्येते द्वितीये वत्सरे । शल्यतन्त्रम्, शालाक्यतन्त्रम्, अगदतन्त्रम् इत्येते तृतीये वत्सरे । मानसरोगः, प्रसूतितन्त्रम्, कौमारभृत्यम्, अनुभवशिक्षणम् इत्येते विषयाः चतुर्थे वर्षे । विषयाणां अमीषां बोधनार्थं सप्तभिरुपाध्यायैः भवितव्यम् । किन्तु, प्रथमतः, किञ्चित् कालं यावत् सामान्यपरीक्षापाठककक्ष्यासु संयोज्यैव विशेषपरीक्षार्थमपि माणवकाः यौगपद्येन पाठयितुं शक्यन्ते । केषांचन विशेषविषयाणां (मानसरोग-प्रसूतितन्त्रादीनां) पाठनार्थं कक्ष्याद्वयं पृथक् भवति संपादनीयम् । यत्र च द्वावुपाध्यायौ स्यातां अधिकृतावधिकतया । रूप्यकाणां सार्धशतं प्रत्येकशस्तयोः वेतनत्वेन भवत्यर्पणीयम् । सर्वेषामपि अमीषां उपरि कोऽपि महोपाध्यायः (अध्यक्षो वा) नियोजनीयः । यस्य च कलाशालायाः निर्वहणं भवति अधीनम् । सति आवश्यके सर्वासु कक्ष्यास्वपि प्रविश्य पाठनाय, योग्यताभिः आवश्यकीभिः समन्वितेन भवितव्यमनेन । अस्मै सार्धत्रिशतरूप्यकेभ्योऽन्यूनतया स्याद्वेतनं दातव्यम् । [परीक्षाफलनिर्देशकानां गुणाङ्कानां (Marks) ग्रहणविषये निम्नोक्तरूपभेदं अभिव्यज्य, तद्द्वारा च सामान्य-विशेषपरीक्षोत्तीर्णत्वं स्यान्निर्णेयम् । यः किल परिमितान्, (यावदावश्यकानेव) गुणाङ्कान् आदत्ते, तस्य सामान्यपरीक्षोत्तीर्णत्वम्, आवश्यकापेक्षया अधिकान् यः प्राप्नोति गुणाङ्कान् परीक्षाफले तस्य विशेषपरीक्षोत्तीर्णत्वं च परिकल्पनीयम् ।]

आतुरालयः—रुग्णानां अन्यूनविंशतिसंख्याकानां चिकित्सानिर्वर्तनक्षमा संविधानैः समग्रैरपि समन्विता काचन भवति आरोग्यशाला (आतुरालयो वा) स्थापनीया । अद्य विद्यमानासु वैद्यशालासु यां कामपि आतुरालयत्वेन वा परिवर्तयेत् । संविधानमिदं तादात्विकतया सुतरामुपयुज्येत ।

तत्र भिषजौ द्वौ (प्राथमिकस्य रू. २००, द्वितीयस्य रू. १२५).

औषधयोगविदौ द्वौ (प्रत्येकं रू. २५).

परिचारकाः त्रयः (प्रत्येकं रू. ३०).

धात्र्यः तिस्रः (प्रत्येकं रू. ३०).

सेवकाः चत्वारः (प्रत्येकं रू. २०).

संमार्जक एकः (रू ५).

अवस्करवाहकौ द्वौ (प्रत्येकं रू. ९).

आहत्य कस्यचन नातिमहतः आतुरालयस्य वैद्यसेवकादीनां निर्वहणार्थं मासिको व्ययः ६९० रूप्यकपरिमितः स्यात् ।

(१) कलाशालवैद्यशालयोः कार्याणां इतरेषां अवेक्षणाय व्यवस्थापक-लेखक-गणक-सेवकादीनां केषांचन नियमनमपि स्यात् आवश्यकम् । एतेषां वेतनाय रूप्यकचतुश्शती (४००) घनधनत्वेन पृथगस्ति परिकल्पनीया ।

(२) औषधानाम्, रुग्णभोजनानाम्, शय्यासनादीनाम्, शस्त्र-यन्त्राद्युपकरणानाम्, तूलिका-बन्धनसामग्रीप्रभृतीनां इतरेषां च वस्तुजातानां अर्थे प्रायेण प्रतिमासं ९०० संख्याकानि रूप्यकाणि भवेयुः व्ययीकर्तव्यानि ।

अद्य विद्यमानायाः कस्याश्चन कलाशालाया आदर्शभूतकलाशालात्वेन समभिवर्धनम्, तथैव च सांप्रतिकासु आयुर्वेदवैद्यशालासु कामपि काश्चन वा आतुरालयत्वेन परिवर्त्य तस्याः तासां वा संवर्धनं च मनसि आकलय्य कलाशालायाः, आतुरालयस्य च आदिमं स्थापनव्ययं अधिकृत्य न कोऽप्यत्र सूचितो विषयः । तथापि कस्याश्चन कलाशालायाः समभिवर्धनाय उपक्रमव्ययः प्रायः रूप्यकाणां सार्धसहस्रस्य (रू. १,९००) स्यात् व्ययः । (रसशालायै रू. ३०० ; पुस्तकभाण्डागाराय ९०० ; प्रदर्शनशालाद्यर्थे ७०० ; एवम् १,९००) । सांप्रतिकवैद्यशालायाः कस्याश्चनातुरालयत्वेन परिवर्त्य संवर्धनार्थं तथैव रूप्यकाणां सार्धसहस्र्या (रू. १,९००) भाव्यम् । (पर्यङ्कानां २० संख्याकानाम्, शयनानाम्, आस्तरणानाम्, विविधानां पात्राणाम्, वस्तियन्त्रादीनां उपकरणानाम्, महानसोपयोगिनां वस्तुजातानां चक्रीणनाय द्रव्यमिदं आदौ आवश्यकं स्यात् ।)

अतः व्ययविषयसंग्रहस्तु एवं भवति निर्णयः—

		रू.	आ.	पै.
१. कलाशालाया आतुरालयस्य च उपक्रमव्ययः	....	३,०००	०	०
		३,०००	०	०

मासिका वर्तमाना व्ययाः—

		रू.	आ.	पै.
१. कलाशालाया अध्यापकादीनां व्ययः	....	१,४००	०	०
२. आतुरालयस्य वैद्यसेवकादीनां व्ययः	....	६९०	०	०
३. अनयोः संस्थयोः लेखकादीनां व्ययः	....	४००	०	०
४. औषधानां उपकरणादीनां च व्ययः	....	९००	०	०
९. अन्येषां चाप्रतीक्षितानां अंशे व्ययः	....	९०	०	०
आहत्य व्ययसमष्टिः	....	३,०००	०	०

अतश्चैवं निर्धार्यते, यत् आदर्शभूतस्य कस्यचन आयुर्वेदातुरालयस्य च, आदर्शभूताया आयुर्वेदकलाशालायाश्च एकस्याः निर्वहणाय एकस्मिन् संवत्सरे रूप्यकाणां षट्त्रिंशत् साहस्री (३६,०००) व्ययीकर्तव्या भवति । यदि चतुस्सहस्ररूप्यकाणां इतोऽपि अधिकतया आयोज्यते, तदानीं वत्सरस्यैकस्य रू. ४०,००० एव विनियुज्यते विषयेऽस्मिन् ।

कलाशालायै अङ्गणैः बहुभिरुपेतम्, हर्म्यैरनेकैः अन्वितं महत् सौधं वा, अपरिच्छिन्नानि महान्ति आसनानि वा, परिच्छदबहुलानि विद्यार्थिवासगृहाणि वा न हि प्रायेण भवन्ति आवश्यकानि । अतिसामान्येन प्रच्छदेन समावृते प्रदेशे कलाशालायाः कार्याणि सुलघु निर्वोढुं शक्यन्ते । सम्यङ्निर्मलीकृते स्थले वा, लघुमूल्यलभ्यैः कटादिभिः आस्तृते वा भूतले छात्राः, पीठिकासु सुतरां साधारणीषु उपाध्यायाश्च उपविशन्तु नाम । रूप्यकाणां पञ्चशत्या सहस्रेण वा तादृशं सुलघु निर्मितं स्यात् आवसथम् ।

५. महाशयाः! मन्ये, कलिकाताविश्वविद्यालयसमित्याः विप्रलंभगर्भः विस्रंभानर्हः अभिप्रायस्तादृशः न मनागपि मादृशानां अभ्युपपत्तिपदं अधिरोहतीति । तस्य च प्रतियोगितया नन्वहमेवं अभिप्रैमि—अवलम्बितपाश्चात्यवैद्यपद्धतयः पुंसः संप्रति आयुर्वेदवैद्यकतन्त्राणि क्रमेणानुशीलयन्तः, औषधानि चास्मदीयानि समुपयुञ्जानाः, आस्माकीनं वैद्यकं केचन मन्दं मन्दं अन्तरङ्गतया, अन्ये च बहवः सम्यक् बहिरङ्गतया च प्रशंसन्ति, प्रथयन्ति च स्वात्मनां अवलम्बितायुर्वेदचिकित्सकलम् । अतोऽहमभिदधामि—आयुर्वेदतत्त्वार्थं उपयोगांश्च तदीयान् अनुशीलयतां पाश्चात्यवैद्यानां एतद्वैद्यविषये क्रमेणाभिरुचिः, विश्वासश्च विशेषतः ततः समुद्भवतीति वयमद्य सुस्पष्टं अनुभवतो जानीमः। राजकीयसाहाय्यं यद्युपलभते देशीयवैद्यकम्, पठन-पाठन चिकित्साविधानादिषु सर्वतोमुखीं अभिवृद्धिं च यद्येतदधिगच्छति, तदानीं पाश्चात्यवैद्यावलम्बिनोऽपि भिषजः सुबहवः देशीयवैद्यकमेव विशेषतश्चाभ्यसितुम्, तदनुरुध्यैव वैद्यकवृत्तिमनुष्ठातुं च नूनं सुबहवः संमुखमागच्छेयुः । एवं पुनरुज्जीवनमधिगते सनातनवैद्यकमार्गे, सर्वत्र च देशेऽस्मिन्, विश्वसिमि, वैद्यवृत्तिः प्रायेण भवेदायुर्वेदमयीति । एतादृशमेव कैवल्यं वैद्यवृत्तेः अहमाशासे ।

६. आधुनिकशास्त्राणीति अभिधीयमानायां पदार्थविज्ञान-रसायनतन्त्र जीवशास्त्रादीनां विशेषतः शिक्षणं आयुर्वेदवैद्याभ्यसनस्य केवलं अविनाभाव्यमिति नाहमभिप्रैमि । सुबहोः कालात् राजकीयैः अनादृतत्वात्, पोषकान्तराभावात्, अनुभवरीत्या परिशीलनादिकं अनुकूलं कर्तुं अपेतसौकर्यत्वाच्च आयुर्वेदे शारीरस्य, शल्यतन्त्रस्य च यथावत् शिक्षणविषये कुशलाः सुतरां उपाध्यायाः दुर्लभाः संवृत्ताः । अतः आयुर्वेदिकौ शारीर-शल्यसंबन्धिनौ द्वावपि विषयौ क्रोडीकृत्य संस्कृत्य च अनुभवतः शिक्षणार्थं अधिगततद्विद्यानां पाश्चात्यमतावलंबिनां उपाध्यायानां साहाय्यं प्रथमतः संप्रति कलाशालासु किंचित् कालं यावदावश्यकं स्यात् ।

(*a*) आयुर्वेदवैद्यकपठनार्थं सामान्यज्ञानम्, विशिष्टज्ञानं इति विभजनं द्वेधा कार्यमिति प्राक् ४-र्थप्रश्नस्य (*b*) विभागस्य उत्तरे मया व्यलेखि । तत्र सामान्यपरीक्षायां उत्तीर्णस्य भिषक् अथवा भिषग्वर इति विशेषपरीक्षायामुत्तीर्णस्य आयुर्वेदभूषणः अथवा आयुर्वेदविशारद इति योग्यताव्यवच्छेदकं आधिकारिकं अभिधानदानं समुचितं स्यात् ।

विशेषज्ञानार्थं आवश्यकोऽभ्यसनक्रमः ।

(१) शारीरम्—पाश्चात्यमतानुरोधेन अभ्यसनस्य शिक्षणम्. (क) शरीरोत्पत्तिः—तत्र च शुक्रार्तवयो तत्त्वम् । शारीरपरिभाषा । (ख) अस्थिविवरणम्—तेषां उपयोग-संख्या-वस्थान-स्वरूपा-

दयः । (ग) सन्धिविवरणम्—तेषां भेदाः । तत्र स्नाय्वादीनां संयोगः । (घ) पेश्यः—तासां भेदाः, उपयोगाः, कण्डराणां स्वरूपादिकम् । (ङ) स्रोतसां स्वरूपाणि—हृदयम्, सिराः, धमन्यः, रसायन्यः, शोणितम्, लसीका इत्येतेषां विवरणम् । (च) श्वासाशयादीनां विवरणम्, स्वर-यन्त्रम्, जिह्वा-तालु-गल-क्लोमादीनां विवरणम् । पुप्फुसौ । कलाः । (छ) कोष्ठः—आस्यः-लाला-दन्त - दन्तवेष्टनाधिजिह्वोपजिह्वान्ननाड्या - माशय - ग्रहणी - सूक्ष्मान्त्र - स्थूलान्त्रोन्दुक - यकृत् - पित्ताशय-प्लीहादीनां अवबोधः । (ज) गर्भाशय-मूत्राशयौ—वृक्क-मूत्रस्रोतः-शुक्रधराकला-फलग्रन्थि-बाजकोशा-पत्यपथादयः । (झ) मस्तिष्क-नाडीविज्ञानम्—मस्तुलुङ्ग-सुषुम्ना-सुषुम्नाकाण्डादयः । नाडीग्रन्थिनाडी-चक्रादयश्च । (ञ) इन्द्रियाणि—नेत्र नेत्रगोलक-दृष्टिनाड्यश्रुकला-पटलादयः । घ्राणेन्द्रिय - घ्राण-मार्ग-घ्राणनाडीप्रभृतयः । श्रोत्रेन्द्रिय-श्रुतिपथ-कर्णपालीप्रभृतयः । (ट) मर्माणि—तेषां स्थानानि, स्वरूपाणि च । (ठ) त्वचः—स्वरूपविवरणम् । (ड) मलानाम्—तेषां उत्पत्तिस्थानानां च विव रणम् । (ढ) वात-पित्त-कफानां तत्त्वम् ।

पाठनीया ग्रन्थाः—चरकशारीरम्, सुश्रुतशारीरम्, वाग्भटशारीरमेवमादयः ।

(२) द्रव्यगुणाः—अत्र पदार्थस्यैकैकस्य च गुणानाम्, रसानाम्, वीर्याणाम्, विपाकानां च तत्त्वानि बोधनीयानि ।

(३) रसतन्त्रम्—महारस-साधारणरसोपरस-लोहादीनां स्वरूपविवरणम्, शोधन-मार णादिविधानं च बोधनीयम् ।

(४) स्वस्थवृत्तम्—दिनचर्या-ऋतुचर्यान्नरक्षण-व्यायामादयः ।

(५) रोगविज्ञानम्—रोगाणां स्वरूपाणि, तद्ज्ञानोपायभूतपञ्चलक्षणादीनां विवरणं इत्यादयः ।

(६) कायचिकित्सा—अष्टाङ्गादयश्चिकित्सा बहुविधाः ।

(७) शल्य-शालाक्ये ।

(८) प्रसूतितन्त्रम् ।

(९) कौमारभृत्यम् ।

(१०) मानसरोगाः ।

(११) अगदतन्त्रम् ।

(१२) औषधयोगविज्ञानम् ।

विशेषपरीक्षार्थं आवश्यकेषु शास्त्रविषयेषु प्रथमतः शारीरस्य दिङ्मात्रं विवरणं कृतम् । इतरे च विषयाः सूचिताः । विशेषपरीक्षार्थे आवश्यकानां विषयाणां सर्वेषामपि विस्तरतो विवरणं नि.भा.आ. विद्यापीठनियमावलिमनुसृत्यैव मया निबध्यते । तथैव च सामान्यपरीक्षाया आवश्य-कानां पाठनक्रमाणामपि सैव नियमावलिः समुचिता सूचनीति ममाशयः ।

प्राधान्येन एकैकस्मिन् विषये वा, विषयेषु अनेकेषु वा ज्ञानं अन्यादृशं अधिगत्य, योग्य-तयापि कामपि अनुत्तमां प्रतिष्ठां अधिगन्तुमर्हाय आयुर्वेदाचार्यः अथवा वैद्यरत्नम् इति किमपि

असाधारणं अभिधेयं विश्वविद्यालयेन पारितोषिकतया वा, परीक्षया वा समुपहर्तुं अवकाशः कालेन क्रमशः कल्पनीयः । अन्यादृशानां विषयतत्त्वानां विमर्शपूर्वकस्य उत्तमस्य महतः कस्यचनोपन्यासस्य लेखनेन वा, असाधारणस्य तत्त्वार्थस्य प्रदर्शनपूर्वकं स्वप्रावीण्यप्रकटनेन वा योग्यता विषयेऽस्मिन् भवति संदर्शनीया ।

(*b* भिषक् अथवा भिषग्वरः—साहित्ये सामान्यं ज्ञानम्; आधुनिक-स्कूलूफैनल् योग्यतायाः समानेन व्यावहारिकज्ञानेन समन्वितत्वम् । [तात्कालिकतया देशभाषया विषयाणां एतत्परीक्षायै बोधनमपि समुचितमेव स्यात् ।]

आयुर्वेदभूषणम् अथवा आयुर्वेदविशारदः—नाटकालङ्कारेषु पाण्डित्यं अनुत्तमम्; शब्दशास्त्रे न्यायशास्त्रे वा समुचितः परिचयः । आंग्लभाषायामपि विमलं ज्ञानम् ।

आचार्यः—आयुर्वेदभूषण(विशारद)परीक्षायां उत्तीर्णतैव आयुर्वेदाचार्य(वैद्यरत्न)रूपं वैलक्षण्यं अधिगन्तुं समुचिता प्रवेशयोग्यता स्यात् ।

(*c*) शास्त्रबोधनार्थं संस्कृतभाषैव सर्वेषां स्यात् समुचिता । सामान्यपरीक्षायै पठतां छात्राणां तत्तद्देशभाषयापि बोधनाय परिकल्प्यतां नामावकाशः ।

७. देशीयवैद्यानां स्वरूपनिर्णायकपंजिका (Register) सुतरां भवत्यावश्यकी । सर्वेषामपि देशीयवैद्यानां स्वरूपधर्मस्य, योग्यताविशेषस्य, वैद्यकवृत्तिपरिष्कारस्य च निर्धारणार्थं अभिवर्धनार्थं च तदिदं पंजिकायोजनं भवति बहूपयोगि । यदि गाढमेष विमृश्यते विषयः, तदानीं देशीयवैद्यानामेव पञ्जिकानियमः (Registration) अतीवावश्यक इति ज्ञायते । प्रथमत एव यद्येष नियमः देशीयवैद्यानामर्थे समभविष्यत विहितः, सुमहत् देशस्य शास्त्रस्य च प्रयोजनावहं अभविष्यदाचरितं कमति बहुभिरभिधीयेत वस्तुतत्त्वज्ञैः । अत्र निधीयतां दृष्टिः—पाश्चात्यवैद्यकं पाठयितुं पाठशालाः कलाशालाश्च सन्ति बह्व्यः संस्थापिताः । तदर्थं च विविधाः परीक्षाः निर्वर्त्यन्ते । परीक्षोत्तीर्णानां च तत्तद्योग्यताभिव्यञ्जकानि अधिकारपत्राणि च प्रदीयन्ते । विश्वविद्यालये, कलाशालादिषु च प्रतिपाश्चात्यवैद्यस्य च स्वरूपधर्मव्यवस्थानिर्णयपूर्वकं तत्तद्धाम नामादिकं पंजिकासु समावेशितं चास्ते । व्यवस्थाभिः एवमादिभिः अभ्यस्तपाश्चात्यवैद्यतन्त्राणां उत्कर्षत्वापकर्षत्वादिकं निर्धारयितुं अस्ति सौकर्यम् । देशीयवैद्यानां योग्यतानिर्धारणविषये न हि एतावतापि एकापि परिकल्पिता व्यवस्था । देशेऽस्मिन् परस्सहस्रं वैद्याः वैद्यमन्याश्च परितः स्वच्छन्दतया वृत्तिमिमां आचरन्ति । नेदमविदितं महाजनानां न वा राजकीयानां यत्, भैषज्यवृत्तिमाचरत्सु एतेषु सुवैद्याः सुतरां अङ्गुलिग्राहिकया परिगणनीयाः, कुवैद्यास्तु संख्यया, मन्ये, एकस्मिन् मद्रराष्ट्रे केवलं अयुतादपि अतिरिच्यन्ते इति । राजकीयैः देशीयवैद्यतन्त्रस्यादृतत्वात्, देशीयवैद्यकं व्याजीकृत्य केनचन सुपथा कापथेन वा विनैव किमपि नियन्त्रणं वृत्त्याचरणाय अवकाशबाहुल्यस्य च विद्यमानत्वात् कापथ्यैकवृत्तीनां निरवधिकानां कुवैद्यानां मध्ये परिमिताः सुवैद्याश्च न हि प्रायेण शोभन्ते; अतस्ते च कुवैद्यैः सह समानतया परिगण्यमानाः कष्टां दशामनुभवन्ति । छद्मवृत्तिषु अपरिमितेषु कुवैद्येषु, राजनियन्त्रणाभावात् विजृम्भमाणेषु, आमयव्यथिताः शास्त्रीयचिकित्साभिलाषिणो जनाश्च संप्रतिपन्नयोग्यतया समुपेतं देशीयवैद्यकानुराधेन चिकित्सामाचरन्तं कमपि सुवैद्यं विविच्य समधिगन्तुं न प्रभवन्ति । कुतः? राजकीयैः विषयेऽस्मिन् कस्यचन व्यवच्छिन्नस्य नियमस्याविहितत्वात् । लोकोज्जीवनमर्मभूते तदेतस्मिन् वस्तुनि राजकीयानां औदासीन्यं नाम न कथंचिदपि न्याय्यमिति न कोऽपि आकलयेत् कृतमतिः । अतश्चाहं बलवदभिदधामि, देशीयवैद्यवृत्तिमाचरतां योग्यतादीनां व्यवच्छेदाय, वैद्यवृत्त्याचरणविषये केषांचन न्याय्यानां

नियमानां अनुरोधेन प्रवर्तनाय, कापथेन भैषज्यपण्यं समनुतिष्ठतां निग्रहणाय च देशीयवैद्यपञ्जिका कापि नूनं आवश्यकी भवति इति । एतादृशव्यवस्थायाः परिकल्पने तावत्, यत्सत्यं विविधा प्रथमतः समापतेयुरेव क्लेशाः । अथापि, येन केनचन न्याय्येन बलवता चोपायेन जीवितमर्मभूते विषयेऽस्मिन् राजकीयैः कोऽप्यस्ति विधातव्य एव मर्यादावष्टंभको विधिः । सुबहवस्तावत् ह्यः सामान्यतया विद्यमानाः विनव योग्यतां दिनेनैकेनैव सप्रगल्भं स्वयं वैद्या इति प्रथयन्ति । अस्य च कदाचारस्य त्वरितमवसानमेकं अवश्यं कल्पनीयम् ।

(*a*) अन्यूनसप्तसंख्याकैः, पञ्चदशानधिकैः शास्त्रज्ञत्वेन परीक्षादिभिः अभ्युपगतयोग्यताविशेषैः देशीयभिषग्भिः समुचिता काचन पञ्जिकापरिषत् (Registration Board) संघटनीया; परिषदा यया च पर्याप्तयोग्यतावन्तः देशीयवैद्याः पञ्जिकाधिवेशनाय समुपादेयेरन् । यस्यां च अध्यक्ष एकः, उपाध्यक्षौ द्वौ, मन्त्री चैकः, अन्ये च केचन पारिषदाः कार्यनिर्वहणाय स्थानमावहेयुः । इयं च परिषत्, प्रतिवत्सरपञ्चकम्, उत प्रतिवत्सरत्रितयं पट्टिकानियोजितैः (Registered) वैद्यैः सर्वैरपि संभूय स्वेषु अन्यतमान् वरणाधिकारेण निरूप्य समायोज्य पुनर्नवीकरणीया ।

(*b*) अद्य विद्यमानो वैद्यपञ्जिकाधर्मः (Legislation on Medical Registration) पाश्चात्यवैद्यतन्त्रप्रवर्तकैः, पाश्चात्यवैद्यवृत्तिमाचरतां सौकर्यायैव समभूत् प्रवृत्तः न ह्येतत् अविदितं देशीयवैद्यविमर्शकसमित्याः, न वा पाश्चात्यवैद्यानां अपरेषाम्, यदुत, राजकीयाभ्यनुज्ञातः सांप्रातकः स एष वैद्यपञ्जिकाधर्मः सुतरां आमूलात् आच शिखरं वाच्येन व्यंग्येन वा विषयेण देशीयभिषजां श्रेयोविरुद्धान्, अविशालमतिभिः पक्षपातिभिश्च पाश्चात्यभिषग्भिः संग्रथितान्, देशीयवैद्यतन्त्रस्यानर्थावहांश्च अर्थात् आस्ते समाश्रित्य प्रवृत्त इति । "धर्मेऽस्मिन् केषां नियमानां परिवर्तनम्, अथ केषां च समायोजनं भवद्भिः कर्तव्यमिति अभिलष्यते?" इति वैद्यकसमित्या पृच्छचते । सैकतान्ते वालुकान्वेषणमिव धर्मनाम्ना व्यवह्रियमाणेऽस्मिन् संग्रथितानां छद्मबहुलानां नियमानां मध्ये कस्य वा परिवर्तनम्, कस्य च वा समायोजनमभिनवत्वेनेति नास्माभिः सुलघु संगृह्य शक्यते वक्तुम् । तथापि सुसंक्षिप्ततया विषयमिममेवाभिधातुं अभिलषामि; यत्—देशीयवैद्यकैः (यद्यपि प्राज्ञैः) सह वैद्यकवृत्तौ संभूय व्यवहृतिः पञ्जिकोपात्तपाश्चात्यवैद्यस्य (Registered Practitioner) परिकल्पते सुतरां अपख्यातये इति, पञ्जिकायां अनुपात्तानां, विशेषतश्च देशीयवैद्यानां राजकीयसंबन्धिनि न कस्मिंश्चिदपि प्रवृत्तुमधिकारे विद्यते किञ्चिदपि अवकाश इति च ये किल सन्ति नियमाः, ते प्रथमतः (पक्षपातैकमूलत्वात्) परिहार्याः परिवर्तनीया वा । आयुर्वेदाभ्यसनाय समुचितानि सकलान्यपि सौकर्याणि समुत्पाद्य, तदनन्तरं एतादृशानां नियमानां परिकल्पनं कथमपि भवेदभ्युगम्यं न्याय्यं च स्यात् ।

८. अलोपतिक् वैद्यकादपि देशीयवैद्यकपद्धत्या चिकित्साचरणे व्ययः स्वल्पीयानेव भवतीति सर्वैरपि समवगतमेवेदं वस्तुतत्त्वम् । अस्मदीयायां यस्.के.पि.डि. वैद्यशालायां इतरासु चालोपातिक् वैद्यशालासु वत्सरद्वये चिकित्सार्थं समुपन्नं व्ययमत्र उदाहरामि । १९१७–१९१८ संवत्सरे चिन्ताद्रिपेटवैद्यशालायां (अलोपतिक्) प्रतिपुरुषं समुपन्नो व्ययः ०–२–२. बालय्यनायुडुवैद्यशालायां ०–२–१. वण्णारपेटवैद्यशालायां ०–३–२. श्रीकन्यकापरमेश्वरीदेवस्थानायुर्वेदवैद्यशालायां तु प्रतिपुरुषं औषधनिर्मातृसेवकजनानां वेतनादिकमपि संयुज्य ०–१–९ व्ययः समभवत् । १९१८–१९१९ वत्सरे चिन्ताद्रिपेटवैद्यशालायाम् (अलोपतिक्) प्रतिरुग्णं व्ययः ०–२–१० समजनि, बालय्यनायुडुवैद्यशालायां ०–२–१०. वण्णारपेटवैद्यशालाया ०–३–३. श्रीकन्यकापरमेश्वरीदेवस्थानायुर्वेदवैद्यशालायां तु ०–१–८ व्ययः समुपन्नः ॥ पाश्चात्यवैद्यपद्धति-

मनुसृत्य क्रियमाणायां चिकित्सायां आयुर्वैदिकादपि व्ययः द्विगुणः कदाचित् त्रिगुणश्च संपद्यत इत्यनेनास्माभिरवगम्यते । संतामस् कान्वेण्ड वैद्यशालादीनां व्ययसंबन्धिनि समालोचिते विषये प्रतिपुरुषं कदाचित ०—६—३ अथवा ततोऽपि अतिरिच्यत इति च ज्ञायते । अतोऽहमभिप्रैमि आयुर्वैदिकी चिकित्सा व्ययेन भवति लघुतरेति ।

९. आयुर्वेदतन्त्रापचयस्य प्रथमतः शक-हूण यवनादिभिः समुपनतो राज्यविप्लवः, तादृशैः कृतः शास्त्रापहारः, बौद्धाधिकारिप्रभृतिभिः प्रयुक्तं शस्यचिकित्सानिवारणम्—इत्येवमादयो हेतवः समभवन्, अनन्तरं च राजकीयकृतो महान् अनादरः, तस्य प्रतियोगितया पाश्चात्यवैद्यतन्त्रस्य देशेऽस्मिन् आदेशत्वेन समायोजनमपि आधाय तस्य प्रकारैः सर्वैरपि आदरणदानं इत्येते आयुर्वेदतन्त्रापचयस्य बलीयांसः समभवन् हेतवः ।

तृयीयस्य, चतुर्थस्य, षष्ठस्य च प्रश्नस्य मया विलिखितानां उत्तराणां अनुरोधेन क्रमशो यदि राजकीयैः आयुर्वेदः समाद्रियते, तदानीं एष, विश्वसिमि, पुनर्दुर्दशातः समुद्धृतो भवेत् ।

१०. राजकीयैः, स्थानिकपरिषद्भिः, विश्वविद्यालयेन, तदितरैश्च धर्मनिर्वाहकैः (तत्तद्योक्ताभिः सभाभिश्च) संप्रति पाश्चात्यवैद्यकतन्त्रं यथा किलाद्रियते यथा चाभिवर्ध्यते तथैव (तानेव क्रमान् अनुसृत्य) देशीयवैद्यकतन्त्रमपि आद्रियतां अभिवर्ध्यतां च ।

(1)

M R.Ry. Vaidyapati G. SIGAMANI PANDITHAR Avargal.

கேள்வி 1.—சுதேச வைத்திய முறைகளில் தமிழ் சித்தர் வைத்திய முறைகளைப்பற்றி யான் விவரிக்கத் துடங்குவது : தென்னாட்டில் தொன்றுதொட்டு அனுஷ்டித்துவருவது தமிழ் ; ஆகையால், அத்தமிழ் பாஷையிலுள்ள சித்தர் வைத்திய நூல் முறையையே தழுவி விவரிப்பதாகும்.

அதிலும் தமிழ் சித்தர் வைத்திய நூல்முறைகளே அனுஷ்டிப்பதொழிய யேனைய பாஷை நூல் வல்லார் வைத்திய முறைகள் அன்றெனக்கொள்க. மேலும், எங்கள் சுதேசம் தென் இந்தியாவாகையால், அவ்விந்தியாவின் தாவரவர்க்கங்களையும் விளைபொருள்களையும் பாஷாஞான வைத்திய சாஸ்திரங்களையும் ஆதாரமாகக்கொண்டு கையாண்டுவருவதாலும், இந்துதேசத்தில் ஜெனித்து வளர்ந்த இந்துக்களாலேயே வைத்தியஞ் செய்துவருவதாலும், இந்து வைத்திய சங்கம் எனவும், இந்து தர்ம வைத்தியசாலையெனவும் தேசத்தின் காரணப்பெயராக மகுடம் புனைந்து விளங்கிவரினும் இதனை தமிழ் ஆயுள்வேத வைத்தியம், தமிழ் சித்த வைத்தியம்; இந்து வைத்தியம் என்றழைக்கவும்படும்.

கேள்வி 2 (a).—சித்தர் வைத்திய சாஸ்திர முறைகளின்படி வியாதி உண்டாவதற்குப் பல காரணங்களிருப்பினும் இங்கு நவீன முறைகளுக்குத் தக்கவாறு சித்தர் நூல் ஆதாரத்துடன் சில வியாதிகளின் உற்பத்திக்குக் காரணங் கழறுகின்றேன் :—

" தீயளவன்றித் தெரியான் பெரிதுண்ணில்
நோயளவின்றிப்படும்."—எனவும்;

" கதித்து நின்ற ஐம்பூதம் ஒன்றோடொன்று
கலக்கும் விவகாரத்தா லனேகமாக
உதித்தவைகள் மென்மேலும் மாறலாலே
உண்டாகும உடலதனில் பிணி அநந்தம்
மதித்தறிய இருநான்கு குணத்தைப் பாரு
மாறுதலின் நாடி நடையதனைக் காணு
விதித்தவிதி வாய்வாலும் தீயினாலும்
விளங்கு மப்புவதனாலும் விபரம் தேறே—எனவும்,

" பண்ணிடுஞ்செய்கையாலும் பலவிதஉண்டியாலும்
மண்ணதின்பேதத்தாலும் மாறிடுங்காற்றினாலும்
தண்ணியின்குணங்களாலும் தாவுபல்கிருமியாலும்
விண்ணதின்தோஷத்தாலும் விளைந்திடும்பலநோயென்னே—எனவும்,

" நோய்தனை அறையக்கேளாய் நுண்ணியசொரிசிரங்கு
வாய்படுங்கக்கிருமல் வளர்ந்திடும்க்ஷயரோகங்கள்
ஓய்விலாவிஷசுரங்கள் உதித்திடும்வாந்திபேதி
காய்வொடுஅம்மைகண்டு கடுகவேபரவுந்தானே—எனவும்,

" சிலேத்துமம்தண்ணீர்பித்தம்
தீகாற்றுவாதமாமே "

என்பதாக சித்தர் நூல்களில் பல்வேறு பெயர்கள் அமைத்துக் கூறியுள்ளார்.

இவ்விதமாக சொல்லப்பட்டுள்ள பல வைத்திய நூலாராய்ச்சிபால வியாதிகள் உற்பத்தியாகுமென்பதை பல நோய்களையும் பல தரம் பார்த்துக் குணப்படுத்திவரும் அனுபவத்தைக்கொண்டும் வியாதி உண்டாகும் காரணம் அறிகிறோம்.

மேற்கூறியுள்ள சித்தர் நூலின் கருத்தையொத்து விவரிக்கப்புகின் நோய் உண்டாவதற்குக் காரணம் :—பஞ்சபூதபௌதீகமாகிய இச்சரீரம், பஞ்சபூதங்களாலும் அவற்றின் சத்தாலும் பௌதீக வடிவமாகிய சரீரமும் உயிரும் உண்டாயின. அச்சரீரத்தில் வாத, பித்த, சிலேத்துமம் - (அதாவது காற்று, தீ, தண்ணீர்) என்னும் மாறுபாட்டால் உறுப்புகளிலுள்ள கண்ணறைகளின் சத்துக்கள் குறைந்தோ அல்லது மிகுந்தோ மாறுதல் அடைவதால், பிராணவாயு விகல்பப்பட சுத்த ரத்தங்கெட்டு தசை நாருகள் வெதுப்புண்டு காந்தல்கண்டு பித்தங் கொதுப்பேறி பல பிணிகள் உண்டாகக் காரணமாகின்றது. திருஷ்டாந்தமாக, க்ஷயரோகம், காசரோகம், சுவாசகாசரோகம் முதலிய வியாதிகள் உண்டாவதற்குக் காரணம் பலவாக இருப்பினும் சில காரணங்களை இங்கு குறிப்பிட்டுக் காட்டுகிறேன். அதாவது, தாய்தந்தையரின் சுக்கில சுரோணிதக் கெடுதியால் வித்தியாசப்பட்டு உற்பவித்த பிள்ளைகளில் சிலருக்கு சிறு வயதில் கணை, கணைச்சூடு என்னும் நோயால் பீடிக்கப்பட்ட சில தேகிகளுக்கும், பாலியத்தில் மிதமிஞ்சிய கல்வியால் சுக்கில நஷ்டமடைந்த சில தேகிகளுக்கும். பல காரணங்களினால் அகால போஜனம், கடுநடை, கண விழிப்பு, ஆராத்துயர், மலஜலமடக்கல், காமநீரை கணக்கில்லாது விடுத்த காரணத்தினாலும் நோய் உண்டாகக் காரணமாகும்.

அதனை விவரிக்கில் தேகத்தில் கனல்மீறி ரத்தத்தில் கொதிப்பேறி தீபாக்கினி மந்தப்பட்டு அதனால் ரத்தத்தில் நின்றெழும் ஆவியாகிய ஆத்மசத்து விகல்ப்பப்பட வாதமாகிய காற்றும், பித்தமாகிய தீயும், அதன் அதன் மாத்திரை அளவில் அதிகரித்து அதனால் சிறு சுவாசக் குழல்கள் வறண்டு சப்த தாதுக்களென்னும் ரோமம், தசை அல்லது தசை நார், ரத்தம், மாமிசம், நரம்பு, அஸ்தி, மூளை இவைகளின் உஷ்ணம் நாளடைவில் குறைந்து இரசதாது ரத்தமாக மாறும் சுபாவகுணத்தை இழப்பதால், மற்ற தாதுக்களுக்கு போஷணை குறைந்து தாபிதமுண்டாகி ஓஜெஸ் என்னும் பிராணாதாரச் சத்து நாளுக்குநாள் நஷ்டமடைய சுவாசக் கோளறைகள் தன் தொழிலையிழக்க சிறு கட்டிகள் உண்டாகி, கால அளவில் அது பழுத்துக் கிருமிகள் உற்பவித்து தேகபலத்தைக்கெடுத்து சுரத்தையுண்டுசெய்து காலக்கிரமத்தில் மாமிச தாது குறைந்து தேகத்தை நாசப்படுத்தும். இக்காரணங்களால் க்ஷயரோகம், காசரோகம் முதலிய பல வியாதிகள் அதனை அடுத்து உண்டாக யேதுவாகவும் காரணமாகவும் ஏற்படுமென்பது சித்தா நூல ஆராயச்சியின் கொள்கை.

இன்னும் சில தேகிகளுக்கு மூலாதாரத்தில் அக்கினி அதிகரித்து மூளையைப்பற்றி ரத்தத்தில் கொதிப்பேறி பிராணவாய்வென்னும் காற்றாகிய ஆவிக்கு உறைவிடமாகிய நுரையீரல் வெதுப்புண்டு குவிதலும் விரிதலுமாகிய தன் சுபாவ குணத்தை இழந்து, ஜீரணக் கருவிகளின் தொழில்கள் குறையவும், நாளடைவில் ஆகாரங்களில் வெறுப்பும் நித்திரை பங்கமும் உண்டாகி, சரீரம் வற்றி நெஞ்சில் கபங்கட்டி பொருத்துகளின் பலங்குறைந்து சுரம் அடிக்கடி, தோன்றி தேகத்தைக் கெடுக்குமென்றும் சித்தர் நூல் ஆராய்ச்சியால் அனுபவ சித்தாந்தத்தைக்கொண்டு நிச்சயிக்கிறோம்.

இன்னும் சில தேகிகளுக்கு அஸ்தியில் அனலேறி, ரத்தம் வற்றி, பித்தம் அதிகரித்து, நாவில் ருசி கெட்டு, நெஞ்சில் கபங்கட்டி நாளடைவில் தேகபலத்தைக் குறைத்து, உட்காந்தலாக தோஷிக்குமென்றும் தெரிந்துகொண்டிருக்கிறோம்.

(இவைகளுக்கு மேற்கோள்.)

"பிறந்த மானிடர் கட்கெல்லாம் பித்தமும் வாத மய்யம்
நிறைந்நீர் கடல்போல் செய்தோர் நிறைமின்றி கூட லாலும்
குறைந்திட லாலும நோய்கள குறிகளை அறியலாகும்
அறிந்தவன் அகற்றுவானின் அடர்பிணி தடறுதன்றே."—என விளக்கியும்

"மிகினுங் குறையினு நோய்செய்யு நூலோர்
வளிமுதலா வெண்ணிய மூன்று."—என உணர்த்தினமையுங் காண்க.

இவை நிற்க,

எந்நாட்டிலும் வழங்கி வரும் வாந்திபேதி, (விஷபேதி-காலரா) என்னும் கொள்ளை நோய் வருவதற்கு போதிய காரணம் :—

இக்கொள்ளை நோய் சாமளாவென்னும் பெயர் வகித்த கண்ணுக்குத் தோன்றாத கருநிற சிறு அணுத்திரள்கள் ஆகாயத்தினின்று பூமியிலிறங்கும்போது காற்றுடன் சமபந்தப்பட்டு விஷக்காற்றாக மாறி ஆங்காங்குள்ள மானிடர்களின் சிரத்தில் தாக்க அத்ததியில் ஏகோபித்திருந்த வாத, பித்த, சிலேத்தும தொந்தங்களுக்கு ஏற்க அக்கொடிய விஷக்காற்றின் தன்மையால் ரத்தம் முறிந்து நீராகி உதிரத்திலுள்ள நீர்ப்பகுதிகள் ஜீரணபாதையின் சளி, சவ்வின் வழியாய் தள்ளப்படுதலே இன்னோய்; ஆகினும் பலயீனம், சுகதாக்ஷி, மிக்க காங்கை, அசுத்த காற்று, அசுத்த நீர், தாழ்வாகிய இடம், சதுப்பு நிலம் முதலியதில் வசித்தல், மந்திக்கும் ஆகாரங்களால அஜீரண முதலியவைகளும் இக்கொடிய நோய்க்கு யேதுவாகிய காரணமாகுமென்றும் சுருதி; அதை அனுபவத்தாலறிகிறோம். அவையாவன :—கொமபன், குடர்ப்படுவன், அக்கரன். இதில் கொம்பன் என்னும் பேதியால் பிடிக்கப்பட்டவர்கள் 30 நாழிகையில் உயிர்துறப்பார்கள். குடர்ப்படுவனால் பாதிக்கப்பட்டவர்கள் 3 தினத்திலும், அக்கரனால் பிடிக்கப்பட்டவர்களில் அநேகர்கள் பிழைத்திருப்பதும் உண்டு. இவை நிற்க,

சுரம் உண்டாவதற்குக்காரணங் கருதில், வாதசுரம், பித்தசுரம், பித்தவாதசுரம், மலைசுரம், விஷசுரம் என பலவகை சுரங்கள் கால கெதிக்கும் தேச மாறுபாட்டிற்கும் ஜல ஆகார விகல்ப்பங்களுக்கும் தக்கதாக உண்டாக யேதுவாகிறது.

அது எப்படியெனில், தேகத்தில் இயல்பாகவே அக்கினி எல்லா அவயவங்களிலும் பரவி சரீரத்தைப் போஷித்து மிதமாக வைத்துக்கொண்டு இருக்கிறது. அப்படி வியாபித்து வரும் அக்கினியோடு காரணாக்கினி யென்னும் பல்வேறு காரணங்களினால்தோன்றி அவ்வுஷ்ணத்தை மிதமிஞ்சிய செயலுக்குக் கொண்டுபோவதே சுரமாகும். அதில் வாதத்தினாலும் பித்தத்தினாலும் சிலேத்துமத்தினாலும் இவைகள் மாத்திரை அளவில் கூடுதல் குறைவாக சுபாவ நிலையை விட்டு மிகுத்திருப்பதினாலேயே, எது மிகுந்து நின்றதோ அந்த பெயரால் வாதசுரம், பித்தசுரம், கபசுரம், பித்தவாதசுரம், மலைசுரம், விஷசுரம் என, எது மிகுத்துக் காணப்படுகிறதோ, அந்தப் பெயரைச் சொல்லி அதைச் சமநிலைக்குக் கொண்டு வரும்போது, அந்த சுரம சாந்தி அடைய ஏதுவாகுமாகையால், தொந்த சுரம முதலானதும் இபபடியே ஏற்பட அவயவங்களில் சேடித்து நிற்கும்; நிறக,

வெட்டை ரோகம் பிறக்குங் காரணம் கருதில் "விந்து விட்டார் - நொந்து கெட்டார்" என்பதற்கிணங்க இருவகைப்படும். எப்படியெனில், தாய்தந்தையரின் கலவியில் சுக்கில சுரோணித முதிர்ச்சியால் கருப்பாயசத்தில் சேர்ந்து உண்டான கருவில் சம்பந்தப்பட்டு ஜனித்த சிலருக்கு இளவயதிலேயே பலவகை ஒழுக்குகளும், சுண்ணாம்பு நீர், மஞ்சள் நீர் முதலியது காணப்படுகிறது இயற்கை வெட்டையென்பது. இரண்டாவது செயற்கை வெட்டை—ஆண் பெண் கூட்டுறவில் மிதமிஞ்சிய கலவியால் தேக சுபாவத்திற்கும் காலபேதத்திற்கும் தக்கதாக சுக்கில அனல் அல்லது சுரோணித அனல் நீர்த்தாரையின் வழியாயச் சென்று அவயவாதிகளைப் புண்படுத்தி சீழ் தோன்றி மஞ்சள், வெண்மையாக காணப்படும்; இது செயற்கையாலாகும். இதனை விரிக்கப்புகின் பெருகுமென விடுத்தனம்.

பெரும்பான்மை ஆராய்ச்சிக்குப் பொருத்தமாயும் சிறுபான்மை விகல்பப்படுமென்பதும் நமது அபிப்பிராயம்.

(b) (1) சித்தர் சாஸ்திர முறையை யனுசரித்தும், அனுபவத்தைக்கொண்டும், நோயாளியின் வாக்குமூலம் தேக நிலைமையைக்கொண்டும், அஷ்டவித பரீக்ஷையால் அறியும் குறிகளைக்கொண்டும், நாடியின் நடைகளை நிதானித்தும், ரோகங்களைத் தீர்மானித்து அதற்குறிய அனுபவ மருந்துகளைக்கொண்டு சிகிச்சைசெய்து காலக்கிரமங்களுக்கு, தக்கபடி அனுஷ்டித்து வரப்படுகின்றது.

(2) எங்களுடைய முறைப்படி சிகிச்சை செய்வதனால் பொதுவாய் குற்றமில்லாமலும் குணஞ் செய்யக்கூடியதுமாக இருப்பதென்பதே அபிப்பிராயம். ஆனால் தமிழ் வைத்தியர்கள் பெரும்பாலோர் தாங்கள் செய்துவரும் வைத்தியத்திற்கும் மருந்துகளுக்கும் கணக்கு விபரங்கள் வைப்பது வழக்கமில்லை.

ஏனென்றால், இதுகால் மருத்துவத்திற்கு கணக்கும் மருந்துகளுக்கு ஜர்ப்தாவும் பிறருக்குக் காண்பிக்கவேண்டிய அவசியம் ஏற்படாததினாலேயே கணக்கு வைக்கும் வழக்கமில்லை. மருந்துகளை விற்பனை செய்யும் சில வைத்தியர்கள் கணக்கு வைப்பது ஆகும். அவர்கள் மகாரோகங்களைச் சிகிச்சை செய்யவாவது ஷை ரோகங்களுக்குத் தாங்களே முன்னின்று சங்கிபாதை ரோகங்களை நிவர்த்திக்கவாவது சிகிச்சை செய்யவாவது முற்பட்டார்கள்; தற்போது, எங்கள் சங்க தர்மவைத்தியசாலையில் வியாதி வாஸ்தவத்தில் குணமடைந்த விஷயங்களையும் அது சம்பந்தமான கணக்கு விவரங்களையும் குறிப்பிடக்கூடிய பதிவு புத்தகம் உண்டு.

(c) சுதேச சிகிச்சை மிக பிரயோசனமானதென்பதற்குத் தடையில்லை. அதற்குக் காரணம், லகுவில் அகப்படக் கூடியதும், சமீபத்தில் கிடைக்கக் கூடியதும், சொற்பச் செலவில் செய்யக்கூடியதுமான பல மருந்துகளால் பல ரோகங்களை நிவர்த்திப்பதே சான்றும்.

கேள்வி 3.—(a) தஞ்சை இந்துவைத்திய சங்கத்திலும் ஷை தர்ம வைத்திய சாலையிலும் நான் நேரில் சம்பந்தப்பட்டிருக்கிறேன்.

(b) (1) போதுமான மட்டில் வைத்திய சிகிச்சைக்கு ஏற்பாடு வேண்டியதிருக்கிறது. வைத்தியக் கல்வி கற்பிக்க போதுமான இடமில்லை; திருப்திகரமாக இருக்கிறதென்று சொல்லமுடியாது.

(2) தமிழ்வைத்திய கலாசாலைகள் இல்லாதது ஒன்று. ஒரேவிதமான வைத்திய பாட புத்தகங்களை வைத்தியர்கள் படித்தும், அப்பியாசித்தும் வரவேண்டியது; (2) இனி வைத்தியஞ் செய்யவரும் இளைஞர்கள் தமிழ் வைத்தியசாலையில் படித்து தேர்ந்து பட்டம் பெற்று வைத்தியஞ்செய்யவேண்டியது; (3) தமிழ் வைத்தியசாலை பள்ளிக்கூடங்களில் படித்துவரவேண்டியது அவசிய மெனவும பழகவேண்டியது அவசியமெனவும் அப்படி பழகாதவர்கள் வைத்திய சங்கங்களில் சேர்ந்து படித்து அனுபவ மூலமாகத் தேர்ந்து பட்டம் பெறவேணுமென்றும் ஓர் நிபந்தனை வைத்தியர்களுக்கு யேற்படுத்தவேண்டுமென்பதும் கவனிக்கத்தக்கதாகும்.

(c) போதுமானமட்டில் செய்யப்படவில்லை. ஒவ்வொரு பெரிய நகரங்களிலும் வைத்திய கல்விச்சாலைகள் யேற்படுத்தவேண்டும். இலவசமாக வசதிகள் யேற்படுத்தி வைத்தியம் பயில வருவோர்க்கு (ஸ்காலர்ஷிப்) உபகாரச் சம்பளம் கொடுத்து வைத்தியர்களைப் பழக்கி நற்சாக்ஷிப் பத்திரம் (சர்டிபிகெட்) பெறும்படி செய்யவேண்டும்.

கேள்வி 4.—(a) 1, 2, 3, இம்மூன்று பாராக்களிலுங்கண்ட விஷயங்கள் முக்கியமானதும் கட்டாயம செய்யவேண்டுவனவென்றும் நான் எண்ணுகிறேன்.

(b) (1) எனக்குத் தெரிந்த இந்த இராஜதானியில் தக்க அமைப்பான தமிழ் வைத்தியப் பயிற்சிக்குறிய ஸ்தாபனங்கள் இருப்பதாகச் சொல்லமுடியாது. சித்த வைத்திய ஸ்தாபனங்கள் செய்திருப்பதாகவும் அவைகள், வரன்முறையாய் போதிக்கத்தக்க யேற்பாடுகள் நடந்து போதிக்கப்பட்டு வருமாகில், கூடிய சீக்கிரம் கைக்கூடுமென்பதே எங்கள் அபிப்பிராயம். ஆனால் கவர்ன்மெண்டாரின் ஆதரவில்லாமல் முடியாதென்பது நிச்சயம்.

(2) தற்கால நிலமைக்கு மேற்குறித்த யேற்பாடுகள் மிதமிஞ்சியதாக யான் கருத ஏதுவில்லை; தமிழ் சித்த வைத்தியம் முற்படச் செய்ய கவர்ன்மெண்டார் தக்க முயற்சியெடுத்து பொருளுதவி புரிந்து வைத்திய சங்கங்களை ஆதரித்து வரவேண்டியதே முக்கியமாகும்.

கேள்வி 5.—கல்கத்தா சர்வ கலாசாலை விசாரணை கம்மிட்டியார், மேனாட்டாரின் வைத்ய முறைகளில் பழகியும் அனுஷ்டித்தும், ஆரிய வைத்தியத்திற்கு வேண்டுவனவற்றை ஆங்கிலத்திலிருந்து சேர்த்து வழங்குவதாலும், அதுபோல் தென் இந்தியாவில் பழக்கமில்லாததினாலும் மருந்துகளும் மருந்துகளை பாகம்செய்ய வேண்டியதற்கான பாத்திரங்களும் வருவில் கிடைக்காததினாலும், முக்கியமாக வேண்டி, வேண்டியிருக்கையில் சுமார் 1,000 மயிலுக்கு மேற்பட்ட தூரத்திலிருந்து தமிழ் பாஷை தெரியாத தேசங்களிலிருந்தும் தருவித்து அவுஷதம் முடிக்க சிலசமயம் நேருவதினாலும அநேக வைத்தியர்களுக்கு மேல் நாட்டாரின் மருந்தின் பெயர்களை செவ்வனே அறிந்துகொள்ள முடியாததாலும் பழக்கமில்லாததாலும் அவர்களுடைய தீர்மானத்தை நிச்சயிப்பதற்கு முடியாததாகயிருக்கிறது.

கல்கத்தாவிலுள்ள வைத்தியர்கள் எம்மட்டில் ஆங்கில வைத்தியத்தின் ஔஷதங்களின் போக்கை அறிந்தவர்களாக இருக்கிறார்களோ, அதுபோல் தென் இந்தியா சித்த வைதகியநூல் ஆராய்ச்சியுள்ள தமிழ் வைத்தியர்களும் மேனாட்டார ஔஷதங்களின் செய்முறை, கைமுறைகளை அறிந்துகொள்ளும்பரியந்தம், வைத்திய முறைக்குள்ள வித்தியாசம் மறைந்துபோகுமென்பது தற்போது சொல்லமுடியாது.

கேள்வி 6.—சேர்க்கவேண்டியது உத்தமமென்றே நினைக்கிறோம்.

(a) பாடக்கிரமத்தின் சங்கிரகமாவது : சரீரக்கூறிலக்கணம் முதல் பாடம், சித்தர் நாடி பரீக்ஷை, பதார்த்தகுண சிந்தாமணி, ரசாயன பகுதி சாஸ்திரம், தாவரவர்க்க நூல், தத்துவாதிகளின் தொழில், அவைகள் விகல்ப்பமடையுங் காரணம், குணம் முதலியவைகளை கற்கவேண்டியது அவசியமாகும். இவ்வித யோக்கியதா அம்சங்களுக்கு 3, 4 வருஷங்கள் படித்துப் பழகவேண்டும்.

(b) தமிழ் பாஷையை போதுமான வரையில் கற்றிருக்கவேண்டும். ஆங்கிலத்திலும் படிக்க எழுதக் கற்றிருப்பது போதுமானதாகும்.

(c) தமிழ் பாஷை மூலமாய் கற்பிக்கவேண்டுங் காரணம்—சித்தர் வைத்திய சாஸ்திரம் முழுதும் தமிழ் பாஷையிலேயே எழுதப்பட்டிருப்பதினாலேதான்.

கேள்வி 7.—தற்போது ஆங்காங்கு வைத்தியம் நடத்தியும் வைத்திய ஸ்தாபனங்களில் சேர்ந்து தர்ம வைத்தியசாலை மூலமாகவும் சுயஜீவன மூலமாகவும் சுமார், 25, 30 வருடம் சுதேச முறைகளை அனுசரித்து அப்பியாசித்து வரும் வைத்தியர்கள் ரிஜிஸ்டர் செய்யப்படவேண்டியது முக்கியமாகயிருப்பினும், மற்ற வைத்தியர்கள் தக்க பண்டித சிரேஷ்டர்களிடம் சிலநாள் வேலைசெய்து பிறகு யோக்கியதா பத்திரம்பெற்றிருக்கவேண்டியது கட்டாயமும் அவசியமுமாகும்.

(a) தற்போது நீண்டகால அனுபவமுடைய வைத்தியர்களை ரிஜிஸ்டர் செய்துகொண்டு அனுபவமில்லாரை அனுபவசாலிகள் மூலம் அல்லது வைத்தியசங்க மூலம் தெரிந்தெடுத்து சட்டத்திற்கு இணங்கியிருப்போரை ரிஜிஸ்டர் செய்துகொள்ள போர்ட் என்னும் சபை யேற்படுவது முக்கியமும் அவசியமும் நலமுமாக இருக்குமென்பது எங்கள் அபிப்பிராயம்.

அன்றியில், தமிழ் வைத்தியர்கள் ரிஜிஸ்டர் செயயப்பட்டாலல்லது அவர்கள் சரியான தமிழ் வைத்தியர்களாகமாட்டார்களென்றும் ஓர் நிபந்தனை யேற்பட்டால், அப்போது வைத்திய நூல் பயிற்சியும் அனுபவமுமில்லாத போலி வைத்தியர்கள் வைத்திய நூல்களைப் படிக்கவும் பழகவும் திறமை வாய்ந்த வைத்தியர்களாகவும் யேதுவாகும். அனுபவமுடைய வைத்தியர்கள் ரிஜிஸ்ட்டர் செய்துகொள்வதில் முன்வந்து நாட்டிற்குதவும் நல்ல வைத்தியர்களாகவும், மேனாட்டு வைத்தியர்களைப்போல் சிறந்து விளங்கவும் அப்போதுதான் யேதுவாகும். ஆகையால், ரிஜிஸ்டர் செய்விப்பது முக்கியமாகும்.

கேள்வி 8.—தமிழ் சித்த வைத்திய முறைப்படி சிகிச்சை செய்யும் ஏற்பாட்டிற்கும் செலவுக்கும் ஆலோபதியென்னும் வைத்திய முறைப்படி ஏற்படும் செலவிற்கும் சால வித்தியாசமுண்டு.

காரணங் கருதில், சுதேச மூலிகைகளால் பல வியாதிகளை நீக்கு முறையில் மேனாட்டார் ஔஷதங்களின் செய்முறை, கைமுறைகளைத் தமிழ் வைத்தியர்கள் அறிந்துகொள்ளும் பரியந்தம் வைத்திய முறைகளுக்குள்ள வித்தியாசம் மறைந்து போகுமென்பது தற்போது சொல்ல முடியாது. ஏனெனில், சுதேச மூலிகைகளால் பல வியாதிகளை நிவர்த்திக்கும் முறையில், கஷாயமாகவும், தீநீராகவும், கிர்தமாகவும், ரசாயனமாகவும், லேகியமாகவும், வடகமாகவும், மாத்திரைகளாகவும், சூரணங்களாகவும், ஏக மூலிகையின் சத்தாகவும் இன்னும் இப்படியே அநேக மூலிகை பிரயோகத்தால் நோய்கள் குணமாக்கப்பட்டு வருகின்றன.

மேற்கூறியுள்ள மூலிகைகளை ஆலோபதி என்னும் இதர வைத்திய சம்பந்தமாக திராவகம் செய்விப்பதற்கும் வேறு சத்துக்களாகப் பிரிப்பதற்கும் ஆயில்களாக யெடுப்பதற்கும் இவைபோன்றவைகளைச் செய்விப்பதற்கு முதலில் தக்க கருவிகள் விலைபெற்றதாக வேண்டும். தென்னாட்டு மூலிகைகளை அயல்நாட்டிற்குக் கொண்டுசென்று பாகப்படுத்தித் திரும்பவும் இந்நாட்டிற்கே கொண்டுவந்து வழங்கவேண்டிய சந்தர்ப்பங்களிலெல்லாம் மிக்க செலவைப் பொருத்ததாகவே முடியும். அன்றியில் அந்தந்த நாட்டின் மூலிகைகளின் காரசாரங்களுக்குத் தக்கவாறு அந்தந்த நாட்டாருக்கு அந்தந்த நாட்டின் பூமி சாரத்திற்

குத்தக்கவாறு மிக சிறு அளவிலும் குறைந்த காளிலும் குணமுண்டாவது இயற்கையாக யிருப்பதால், செலவுங் குறைவாகவே யேற்படுகின்றது. இவை நிற்கத் தாதுவர்க்க வகைகளில் பல தாதுக்களையும் எசமூலிகைகளையும் கொண்டு காரசார ஜெயநீர், திநீர், பூப்புடம், வைத்திய முப்பு வென்னும் பலமுறைகளின்படி லகுவாகவும் சீக்கிரமாகவும், சொற்ப செலவிலும் முடிக்கக்கூடுமாகையால், சுதேச வைத்தியமுறைக்கும், சிகிச்சா கிரமங்களுக்கும், ஆலோபதி என்னும் வைத்திய முறைக்கும் செலவில் தாரதம்மியம் எற்படும்.

அதற்கு இதனடியில் வரைந்துள்ள இரு செய்யுள்களின் கருத்தே செவ்வனே விளக்கும் :—

கவி.

1. "மூட்டவே இன்னமொரு சூக்ஷங் கேளு
மிளிருடனே மலநீருங் கட்டிக் கொண்டால்
தீட்டுவார் பேதி மருந்திதுதா னென்று
திடனற்ற தேகமா யிருந்துதானல்
நாட்டுவார் ஆங்கிலத்தில் எனிமா வென்று
நலயாக நீர்ப் பையில் நீர்தான்புக்க
பூட்டுவார் முத்தெண்ணெய் வழலை நீர்தான்
புதுமையாய் மலஜலமும் வெளியாய்ப் போமே."

2. "போமப்பா இம்முறைக்கு கருவி வேணும்
புனிதமுள்ள சித்தர்முறை போக்கைக் கேளு
நாமப்பா அனுபவித்து வெளியாய்ச் சொன்னோம்
நலமான புளி உப்பு இங்கு நேர்தான்
சாமப்பா குருத்தண்ட நெய்யா லாட்டி
சதிராக தூசுதனில் தளமாய்ப் பூசி
தாமப்பா திரியாக்கி அபானத்தி லேத்தத்
தரியாது மலஜலமும் தன்மை பாரே."

என தெள்ளிதாய் செப்பியிருப்பதின் காரணத்தை கருதிப்பார்க்க; மலம், நீர் தடைப்பட்ட ஒருவனுக்கு இங்கிலீஷ் வைத்தியத்தில் பேதி மருந்தால் வெளிப்படாவிடில் எனிமா வென்னும் ஓர்வித பீச்சு மருந்தை அபானத்தின் வழியே செலுத்தி மலத்தை வெளியாக்குவது அவர்களின் சிகிச்சை.

எனிமா செய்வதற்குக் கருவி வேண்டும். அக்கருவிக்கு செலவு குறைந்தது ரூ. 3-க்கு மேலாகும். அக்கருவி இல்லாவிடில் அந்தவேலை செய்யமுடியாது.

ஆனால், தமிழ் சித்த வைத்திய முறையில் மேற்கூறிய நிலைமையில் மலநீரை வெளிப்படுத்தல் ஒரு அணு செலவில் உடனே முடிக்கலாம். அதாவது, 1 பலம் உப்பு, 1 பலம் புளி, 3 பலம் இங்கு இவைகளைச் சேர்த்து விளக்கெண்ணெய் விட்டரைத்து துணியில் பூசி திரியாக்கி அபானத்தில் ஏற்றினல் கட்டுமலங் கழியும். இவ்விரண்டுவித சிகிச்சையில் இங்கிலீஷ் சிகிச்சைக்குக் கருவியும் மருந்தும், தமிழ் சிகிச்சைக்கு மருந்துமட்டிலும் போதுமானதாகும். இப்படியே மற்றெல்லா விதங்களிலும் பெருகுமென்க.

ஆகையால, தமிழ் சித்த வைத்திய முறைக்கும செலவில் தாரதம்மியம் எற்படும். ஆகையால், தமிழ் வைத்தியம் இனிது.

கேள்வி 9.—சுதேச வைத்தியம் க்ஷீணித்து வருவதற்குக் காரணம்.—சுதேச வைத்திய முறைகளை விருத்திசெய்ய இராஜாங்கத்தார் முற்பட்டு பொருளுதவி செய்து சுதேச வைத்தியர்களையும் சுதேச வைத்திய முறைகளையும் நன்கு கவனியாமல் புறக்கணித்துவிட்டது ஒன்று. ஏற்பட்டிருக்கும் வைத்திய சங்கங்களுக்கு வேண்டிய உதவிகளைக் கேட்டு ஆதரிக்காமல் இருப்பது—2. தமிழ் வைத்திய அனுபோக ஆராய்ச்சியுள்ளாரையும் அவர்களால் ஏற்படுத்தி நடத்திவரும் தமிழ் தர்ம வைத்தியசாலைகளையும், டிஸ்பென்சரிகளைப்போல், பாராட்டாததே குறைவிற்குக் காரணமாகும்.

(b) சுதேச வைத்திய முறைகளை விர்த்திசெய்வதற்கு இராஜாங்கத்தார் அந்தந்த ஜில்லாக்களில் ஏற்கனவே தர்மத்திற்காக ஏற்பட்டு நடந்துவரும் சத்திரவாரி லோகா தர்ம பண்டிலும் தாலூகா போர்டு, முன்சிபாலிட்டியிலும் இதற்காக இதர பள்ளிக்கூடங்களுக்கும் அன்னதான தர்ம விஷயங்களுக்கும் உதவி செய்து வருவதுபோல், புராதன தமிழ் தர்ம வைத்தியசாலைகளையும் டிை சத்திரவாரி தர்ம பண்டில் சேர்த்தும் அல்லது தாலூகா போர்டு, முன்சிபாலிடியாரால் உதவி செய்ய முற்படுவதே புனருத்தாரணத்திற்கு யேற்றதாகும்.

கேள்வி 10.—ஆங்காங்கு பலவிடங்களிலும் சுதேச வைத்தியசாலைகளை யேற்படுத்தி இங்கிலீஷ் டிஸ்பென்சரிகளைப்போல் சட்ட திட்டங்களை வைத்து ஆதரித்து வருவதும் வைத்தியங்கற்க விரும்பும் மாணாக்கர்களுக்கும் பெண்மணிகளுக்கும் தக்க வசதிகளும் உபகாரச் சம்பளமுங் கொடுத்து இங்க்லீஷ் டிரசர்களை ஆதியில் ஆதரித்துப் படிப்பிக்கச் செய்த பான்மைபோல் தமிழ் வைத்தியம் கற்க விரும்புவோரையும் கவனித்து விர்த்தி செய்வதும் ஆங்காங்கு கல்லூரிகள் நியமித்து வைத்தியக் கட்டாயப் படிப்பு ஏற்படுத்துவதும் யாவற்றிலும் முக்கியமானதும் அவசியமானதுமாகும்.

(2)

M.R.Ry., SWAMI VIRUDAI SIVAGNANAYOGIGAL Avargal, KOILPATTI.

கேள்வி 1.—நான் தமிழ் வைத்தியத்தைப்பற்றிக் கூறுகின்றேன். இது தமிழாயுள்வேத வைத்தியம், தமிழ்ச் சித்தவைத்தியம், திராவிடாயுள்வேத வைத்தியம், தமிழ் மருத்துவம் என்றும் அழைக்கப்படும்.

கேள்வி 2.—(a)மனிதன் உட்கொள்ளும் உணவுகளின் வேற்றுமை மிகை, குறை, ஒவ்வாமை, செரியாமைகளாலும், நீர், காற்று, உடை, நடைகளின் கெடுதிகளாலும், புழுக்கள், நஞ்சுச சிற்றுயிர், நஞ்சுகளின் கலப்பாலும், நோயப்பட்டார் சேர்க்கையாலும், பதினன்குவகைப் போக்குகளை மறித்தலாலும், மனக்கவலை, ஐய முதலியவற்றாலும் கால இட வேற்றுமையாலும், பிறவற்றாலும், வாதம், பித்தம், ஐயம் என்ற மெய்த்தாதுகளில் மிகுதி, குறைவு கலப்பு, விகாரங்களுண்டாகி, நோய்களுண்டாகின்றன. போக்குகள் (வேகங்கள்)மறித்தல் 14 : அவை—குசு, மலம், நீர், தும்மல், நீர்வேட்கை, பசி, தூக்கம், இருமல், இளைப்பு, பெருமூச்சு, கொட்டாவி, கண்ணீர், வாந்தி, விந்திறக்கம் இவற்றையடக்கல்.

சுருக்கிக்கூறில், உலகத்துள்ள எல்லாப் பொருள்களும், உடல்களும், ஐம்பூதத்தாலாயனவே. மக்களுடலும், ஐம்பூதத்தாலாயதே ; புகைவண்டி, இயந்திரம், ஐம்பூதத்தாலமைந்து தொழிற்படுகின்றது. இயந்திர உறுப்புகள் மண். நிரப்பப்பட்டிருப்பது நீர். நீரைக்காச்சுவது தீ. அதிலுண்டாவது நீராவி. அனைத்துக்கும், இடந்தருவது விண். அவற்றில் இயந்திரம் தொழிற்படற்கு முக்கிய சாதனமாவது ஆவி, தீ, நீர் மூன்றே. அவைபோன்றனவே வாதம் (வாயு), பித்தம் (தீ), ஐயம் (நீர்) களாம். இயந்திரத்தில் நீராவி, தீநீர், மிகுந்தாற் கழித்தலும், குறைந்தால் சேர்த்து நிறைத்தலும், அவை வேண்டிய அளவில் இருக்கும்பொழுது, நன்னிலையிலிருந்து தொழிற்படலும் கண்கூடாகக் காணகின்றோம். இவ்வாறே மனிதவுடலிலும், உண்மையையறியவேண்டும்.

உடற்கூறெல்லாம், மண்பூதம் ; உடலிலுள்ள நீர்க்கூறெல்லாம், நீர்ப்பூதம் ; செரிநீர், பித்தம், வெப்பம் முதலியது தீப்பூதம் ; காற்று கண் அனைத்தும் வாயுபூதம் ; ஒலி, வெளி முதலியன, விண்பூதம் ; இவ்வைந்திற் காற்று, தீ, நீர், மூன்றும் வாதம், பித்தம், ஐயம் எனப்படுகின்றன. வாதம், பித்தம், ஐயம் மூன்றும் ஆதாரபூதமாகிய மண்ணோடும் சூக்குமபூதமாகிய விண்ணோடும் கலந்தே நிலையுறுகின்றன.

வாதம், பித்தம், ஐயம் ஆகிய காற்று, தீ, நீர் உரிய அளவில் தூயனவாயிருக்கும் நிலை உடலுக்குச் சுகநிலை. மேற்கூறிய காரணங்களால் மிகுதல், குறைதல், கெடல் முதலிய விகாரப்படில் வாத, பித்த, ஐயநோய்களுண்டாகின்றன. இயந்திரத்தில் நீராவி, தீ நீர், மிகுக்கும்பொழுது, வெளியேற்றிக் குறைப்பதுபோலவே உடலிலும் பேதி முதலிய மருந்துகளால் அவற்றை வெளியேற்றலும், சுவர அல்லது மாறச்செய்தலும், குறைந்தபொழுது அவை மிகுக்கச்செய்ய மருந்துதந்து நிறைத்தலும் மருத்துவமெனப்படுகின்றது.

திருமூலர் திருமந்திரம், வைத்தியம் 600.

"இருந்த இவ்வைந்தா லெடுத்த சடமிது
பிரிந்திடு மாமிசம் பிருதிவி மயமாகும்
சொரிந்திடு மிரதநீர் சொற்குறி யப்புவாம்
வருந்திய வன்னி வளமாய் வெதுப்பமே. 31

"வெதுப்பத் துடனே விடுபட்டு நாசியில்
எதுபுற்று நிற்கு மிதுகாணும் வாயுவாம்
கதுப்பொத் தெல்லாம் கமனித் திடமிட்டு
மதுப்பொத் துநிற்கும் வானின் வளப்பமே 32

"வளப்பங்கேள் பூமி வாசிக்கும் நாசியில்
தளப்பமாம் வன்னி தானுறுங் கண்ணினில்
அளப்பமா மப்பு அடங்கிடும் நாவினில்
பளப்பல வாயு பரிசிக்கு மெங்குமே. 33

"எங்கிய காதி லிருந்துறு மாகாசம்
பொங்கிய தைந்துக்குட் பொல்லாதிம் மூன்றுதான்
தங்கிய வாயு சமத்தன் மகாவாதம
பங்கிய வன்னியாற் பகுந்தது பித்தமே. 34

"பகுந்த சலத்திற் பரிசிக்கும் நல்லையம்
வகுந்த விம்மூன்றால் வளர்ந்தது நோயெலாம்
அகுந்தது தானறிந்தளவிட்ட யோகிகள்
மகிழ்ந்தே யிதில்நின்ற மயக்கம் அறிவரே." 35

மருந்து—விகாரம், நோய், சாவுகளை, மறுப்பது மருந்து. மறு என்ற பகுதியிலுள்ள றகரம் ரகரமாதல் விகாரம்.

மேற்கூறிப் போந்தவற்றால் பலகாரணங்களால் உண்டாம் வாதம், பித்தம், ஐயங்களின் மிகுதி குறைவு விகாரங்களே நோய்க்குக்காரணமாகின்றன.

திருக்குறள்.

“ மிகினுங் குறையினு நோய்செய்யு நூலோர்
வளிமுதலா வெண்ணிய மூன்று.”

(b) தமிழ் மருத்துவ நூல்களின்படி மருத்துவத்தில் மருத்துவன், மருந்து, மருந்துண்பான், மருந்தூட்டுவோன் (உழைச் செல்வான்) என்று நான்கு பகுதிகள் அடங்கி யிருக்கின்றன. அவை,

திருக்குறள் 950.

“ உற்றவன் றீர்ப்பான் மருந்துழைச் செல்வானென்
றப்பானாற் கூற்றே மருந்து.”—என்ற குறளால் விளங்கும்.

மருத்துவனிலக்கணம் கூறும்வழியானே, தமிழ் வைத்தியமுறை இலக்கண முழுவதும் விளக்கப்பட்டுள்ளன. அஃது வருமாறு—

மருத்துவனிலக்கணம்—திருமந்திரம் 8,000.

“ மூன்று கண்டலை நான்கு முகங்கள்
ஆன்ற வைந்திங் காறு கையுடல்
கான்ற வெட்டுக் கால்பத் தெய்தி
மாண்ட மருத்துவன் மாற்றுவ னேயே.”

“ வாதகுறி வைத்தியரே சொல்லக் கேளீர் வாகாகக் கண்மூன்று தலைகள் நான்கு
நீதமுடன் முகங்களைந்து கைகளாறு நிலைசரீரங்க ளெட்டுக் கால்கள் பத்து
வீதமிதின் பயனறிந்தார் வியாதி தீர்ப்பார் விதமறியார் மானிடரைப் பழியே செய்வார்
சேதமாஞ் செய்மருந்து பலித் திடாது செத்தபின்பு நிரகிற் சேரு வாரே”

என்ற பாட்டுகள்.

மருத்துவன்—(1) கண்மூன்று, (2) தலை நான்கு, (3) முகம் ஐந்து, (4) கை ஆறு, (5) உடல் எட்டு, (6) கால் பத்துடையவன் மருத்துவன் என்று மருத்துவனி லக்கணங்களை உறுப்புகளாக உருவகஞ்செய்து கூறுகின்றன.

அவற்றின் பொருள் யாதெனில்,—

1. கண் மூன்று, அவை—

(1) மருந்தின் சுத்தி.

(2) மருந்தின் குணம் (மருந்தியல்பு).

(3) மருந்தின் பெயர் கூறும் நிகண்டு.

இம்மூன்று உணர்ச்சியும் மருத்துவனுக்கு முதன்மையிலக்கணமாதலின் மருத்துவனுக்குக் கண்ணாகக் கூறப்பட்டது.

மருந்துகள்—நீக்கம், காப்பு, நிறைப்பு என முத்திறப்படும்.

நீக்கம்.—வந்த நோய்களை நீக்கு மருந்து.

காப்பு.—நோய்கள் வாராமற் காக்கும் மருந்து.

நிறைப்பு.—உடலிற் குறைந்த சத்துக்களை நிறைக்கு மருந்து.

திருமந்திரம் 8,000.

“ நன்னடை யூண்கால் நணல்நோய் தொற்று
மன்னிடா வுறையும் வள்ஞ்செய் காப்பாம்
துன்றுநோய் நீக்கல் சொல்விலக் காகும்
குன்றிய சத்துக் கொடுத்த னிறைப்பே”

அம்மருந்துகள் தேவுறை, மக்களுறை, சூருறை என மூவகைப்படும். அம்மூன்றும் 66 வகைப்படும்.

மருந்துப் பொருள்கள்.

மூலிகைகள் மருந்துச் சரக்குகள் 1,008, உப்பு வகைகள் 25, பாடாணங்கள் 64, உபரசச் சரக்குகள் 112. உடற்பொருள்கள், சத்துகள் 112, லோகங்கள் 9, மணிகள் 9 முதலியன.

மேற்கூறிய மருந்த மூவகைகளில்—தேவுறை 12.

(1) நீறு (பற்பம்).
(2) செந்தூரம்.
(3) சுன்னம்.
(4) கட்டு.
(5) படங்கு (பதங்கம்).
(6) களங்கு (களங்கம்).
(7) சுடர் (விளக்குவண்ணவுறை).
(8) புகை.
(9) மின் (மின்சாரம்).
(10) சத்து.
(11) செய்நீர் (செயநீர்).
(12) தீநீர் (திராவகம்).

மக்களுறை 33.

(1) பச்சிலை × வேர்.
(2) குடிநீர்.
(3) பொடி (சூரணம்).
(4) நெய்.
(5) பிட்டவி (பிட்டவியல்).
(6) முழுக்கெண்ணெய் (முடித் தைலம்).
(7) சுடர் நெய் (சுடர்த் தைலம்).
(8) உண்ணெண்ணெய் (குடித் தைலம்).
(9) துளை நெய் (துளைத் தைலம்).
(10) பூச்செண்ணெய் (பிடித் தைலம்).
(11) கறைபோக்கி (சோரிபோக்கி).
(12) செவியுறை.
(13) இளகம் (லேகியம்).
(14) கருக்கம் (இரசாயனம்).
(15) குழம்பு.
(16) கவாடம்.
(17) வடகம்.
(18) உண்டை (குளிகை).
(19) வெம்மைப் பொட்டணம் (ஒற்றிடம்).
(20) நஞ்சுறை.
(21) முறிவு.
(22) கண்ணுறை.
(23) பேதியுறை.
(24) வாந்தியுறை.
(25) புழுப்போக்கி.
(26) வேது.
(27) நீர்ப்பெருக்கி.
(28) வேர்ப்பி (வேர்வையாக்கி).
(29) மெழுகு.
(30) மூக்குறை.
(31) தும்மி.
(32) பாகு (சர்பத்து).
(33) வல்லுறை (வலிதரு மருந்து).

சூருறை (அரக்கருறை) 21.

(1) அறுவை.
(2) சூடு.
(3) அட்டை (செந்நீர் போக்கல்).
(4) குடோரி.
(5) வெறியுறை (மயக்குறை).
(6) தெளிவுறை.
(7) துவர் நெய் (ஆற்றெண்ணெய்).
(8) கரைச்சி (சதைகரைக்கு மருந்து)
(9) புண்ணாக்கி—Blister.
(10) ஊதுறை—Insufflation.
(11) களிம்பு—Ointment.
(12) பீச்சு.
(13) கழுநீர்.
(14) செலாகை.
(15) கட்டுமாக்கனி.
(16) கொப்பளி.
(17) நீருறை.
(18) பூச்சு (Paint).
(19) பூதவுறை.
(20) முயற்சி.
(21) மருத்துவம் (பிள்ளை பெறுவித்தல்).

மருந்தில் செயல் வகை 20.

(1) பேதி—மலபேதி, நீர்ப்பேதி, புழுப்பேதி.
(2) வாந்தி.
(3) மூக்குறை—தும்மி, நசியம்.
(4) கண்ணுறை—கலிக்கம், மை முதலியன.
(5) வேர்வுறை.
(6) காப்புறை.
(7) விலக்குறை.
(8) நிறைப்புறை.
(9) முழுக்கு.
(10) ஒற்றிடம்.
(11) பூச்சு.
(12) சுடர்.
(13) புகை.
(14) மயக்குறை.
(15) முறிவுறை.
(16) பீச்சு.
(17) புண்ணாக்கி.
(18) அட்டை.
(19) கரைச்சி.
(20) ஆற்றி.

என்றிருபது வகைப்படும்.

2. தலைகள் 4—வாதம், பித்தம், ஐயம், தொந்தம் (கலப்பு).

இந்நான்கைப்பற்றிய ஆராய்ச்சியைக் கண்களுக்கு நிலைக்களமாகிய தலையாகக் கூறப்பட்டது.

வாதாதி நான்கின் பூதம், தோற்றம், இயல்பு, செயல், மிகுதி, குறைவு, வடிவம், நிறம், காலம் முதலியவற்றை யறிதல்.

3. முகங்கள் 5—என்பது பிண்டநிலை 5 ஆம், அவை—

(1) பிண்டத் தோற்றம் (கருப்போற்பத்தி).

(2) உட்புறவுறுப்புகள் (பல் முதலிய வுள்ளுறுப்புகளும், மண்டை முதலிய புறவுறுப்புகளும்).

(3) நோய் முதல் குணமருந்து (நோயின் காரணமும், நோயின் குணமும், நோய்க்கு மருந்துகளும்).

(4) யாக்கைப் பொருளும், கழிவும், சாறம் (இரச தாது முதலிய யாக்கைப் பொருள்களும், மல முதலிய கழிவுகளும்).

(5) உடனிலை—[உடலில் ஐம்பூதப் பகுதிகள், வாதம், பித்தம், ஐயப்பகுதிகள், உடலில் லோகச் சத்துப் பகுதிகள், சத்துக் குறைதல், நிறைதல, உயிர்ப்பின்னிலை, உயிர்ப் பருந்தல்; உளமடக்கல், வருமங்கள், நச்சுநிலை, அமிழ்தநிலை, உவளிப்புமுறை, (தூய் தாக்கு முறை), நலம் பேணு முறை, காத்தன்முறை, நன்னிலைக்குறி, நோய்க்குறி, சாக் குறி, சாகாக்குறி, முதலியவற்றை அறிதல்].

4. கைகள் 6—

(1) இனிப்பு, (2) புளிப்பு, (3) உப்பு, (4) கைப்பு, (5) கார்ப்பு, (6) துவர்ப்பு,	எனச் சுவைகள் 6. வாதம்-புளிப்பு ; பித்தம்-கைப்பு, கார்ப்பு, துவர்ப்பு; ஐயம்-இனிப்பு, உப்புச்சுவைகள். மக்களுணவும் பொருள்களும் பிறவும் வாதாதி குணங்களுடைய அறுசுவைப் பொருள்கள் உணவுகள் எல்லவருக்கும் நாடோறும் இன்றியமையாது வேண்டப்படுதலால் அவற்றையறிந்து நோய் வராமலுண்ணும் பொருள்களையும் நோயாளர் நோய் தீர்க்க உண்ணும் பொருள்களையும்

தெரிதலே தொழிலுக்கு முக்கிய கருவியாயுள்ள கைகளாகக் கூறினர்.

5. உடல்கள் 8, அவை—

(1) நாடி—வாத பித்தம் ஐயநாடிகளின் தன்னடை, புறநடை, இளைத்தல், கதித்தல், துள்ளல், படுத்தல், முற்போக்கு, பிற்போக்கு, சுழற்சி, கவித்தல் முதலியதறிதல். பூத நாடி, குருநாடி, இவற்றின் நடைகளை நுட்பமாயறிதல்.

(2) கண்—கண்களில் வாதம், பித்தம், ஐய நோய்களுக்குரிய நிறம், செயல், புண்ணுதல், குழிதல், சிறுத்தல், பருத்தல், கலங்கல், நீர் வடிதல், வீங்கல் முதலியவற்றால் நோய்களை அறிதல்.

(3) நாக்கு—வாதபித்த ஐய நிறங்களைப் பெறல், பலநிறம் பெறல், மாசற்றிருத்தல், மாப்படிந்திருத்தல், நீர் பெருகல், வரண்டிருத்தல் முதலியவற்றால் நோய்களை அறிதல்.

(4) உடல்—உடலின் அமைப்பு, நிறம், தடித்தல், சுரசுரத்தல், புடைகளுண்டாதல் மரத்தல், இளைத்தல், வீங்கல், வற்றல், புண்ணுதல் முதலியவற்றால் வாதாதிக்கூறுகளையும் நோய்களையும் அறிதல்.

(5) மலம்—மலத்தின் நிறம், கட்டியானது, தீய்ந்தது, செரித்தது, செரியாதது, நுரைத்தது, கவண், சீழ், இரத்த முதலியவற்றோடு கலந்திறங்கல் முதலியவற்றால் நோய்களை அறிதல்.

(6) நீர்—நீரின் நிறம, சுவை, கலப்பு, அளவு, நிறை, நடவை, சத்து, நெய்க்குறி முதலியவற்றால் வாதபித்த ஐய சம்மந்த நோய்களையும், தீர்தல் தீராமையையும் அறிதல்.

(7) தொடல்—உடலைத் தொட்டுப்பார்த்து சூடாயிருத்தல், கொதித்திருத்தல், பொது நிலையிலிருத்தல், குளிர்ந்திருத்தல், சில்லிட்டிருத்தல், வியர்த்தல், பிசுபிசத்தல், மரத்தல் முதலியவற்றால் நோய்களையறிதல்.

(8) ஒலி—நோயாளன் பேசும்பொழுது உரத்த ஒலி, சமவொலி, தாழ்ந்தவொலி பிதற்றல், சிரித்தல், உளறல், குறட்டைம்மல், பெருங்கூச்சலிடல், கவணோடு கலந்த வொலி, நுரையீரல் மூச்சொலி முதலியவற்றால் நோய்களையறிதல்.

6. கால்கள் 10—

வாயுக்கள் 10, நாடிகள் 10—அவை உடல், பொறி, புலன், கருவிகள் தொழிற்படுதற்கு முக்கிய கருவியாயுள்ளன. வாயுக்கள் நாடிகளைப்பற்றிப் பரவித் தொழிற்படலாலும் நாடிகள் வாயுவோடு கலந்து செயற்படலாலும் இரண்டு பகுதிகளும் ஒன்றுபடுத்திக் கூறப்பட்டன.

வாயுக்கள் 10.

(1) உயிர்க்கால் (பிராணன்).	(6) வாந்திக்கால் (நாகன்).
(2) ஒலிக்கால் (உதானன்).	(7) விழிக்கால் (கூர்மன்).
(3) செயற்கால் (வியானன்).	(8) தும்மிக்கால் (கிரிகரன்).
(4) செரிகால் (சமானன்).	(9) கொட்டாவிக்கால் (தேவதத்தன்).
(5) மலக்கால் (அபானன்).	(10) வீங்குகால் (தனஞ்செயன்).

உயிர்க்கால் முதலியனவைந்தும், முறையே, உயிர்ப்பு (மூச்சு), மேற்கால், பரவுகால் நடுக்கால், கீழ்க்கால் என்னும் பெயர்பெறும்.

நாடிகள் 10.

(1) இடகலை.	(6) வலக்கைச்சி (பூஷா).
(2) பிங்கலை.	(7) இடைக்கைச்சி (யசஸ்வினி).
(3) சுழிமுனை.	(8) நாக்கி (அலம்புசா).
(4) இடக்கணி (காந்தாரி).	(9) குறிச்சி (குஹூ).
(5) வலக்கணி (ஹஸ்தி ஜிம்மா).	(10) தலைச்சி (சங்கினி).

உயிர்க்கால் முதலியவற்றின் நிலை, செயல் முதலியவற்றையும், இடகலை முதலிய நாடிகளின் நிலை, தொழில் முதலியவற்றையும் அறிதல்.

மருத்துவனறியவேண்டிய ஆறுவகை ஆராய்ச்சிகளால் மருத்துவனறிவும் மருந்துவகைகளும் விளக்கப்பட்டன. இக்கருத்தை

மருத்துவனியல்—தைல வருக்கச் சுருக்கம்.

“ தெய்வ வுபாசனை பலநூ லெல்லை காண்டல்
திரிகரண சுத்தி பண்ணோய் தீர்த்த னென்னும்
நைவகன்றதீரமதிநுட்பஞ் சான்றோர்
நட்பொழுக்க மேன்மைகுண மன்புள் ளானாய்.
மெய்வ சுதை விகலையணங் குறை பதார்த்த
விதியுடற் காதார மடலங்கி மாந்தல்
கைவரு மெண் பேதமெலா முணர்ந்துற் றோனாய்க்
காணி லந்த மருத்துவன்கைக் கரணியுண்ணே.”

என்ற பாட்டும் நன்கு விளக்குகின்றது.

மருந்து.

மேற்கூறிப் போந்த பல காரணங்களாலுண்டாகும் வாதம், பித்தம், ஐயம் சார்ந்த நோய்களை அவற்றுக்குக் காரணமான வாதபித்த ஐய விகாரங்களைப் போக்கலால் நீக்கலாம். நோய்க்கும் அதை நீக்கும் மருந்துக்கும் சம்பந்தமென்னவென்பதை ஆராய்ந்தறியில், உலகிலுள்ள பல தேச வைத்தியங்களும் ஒப்புறை (Homeopathy), எதிருறை (Allopathy) என்ற வகுப்புகளிலடங்குகின்றன. தமிழ் வைத்திய நூல்களின்படி மணி, மந்திரம், மருந்து என்ற மூன்றும் நீக்கத்துக்குரியன. அவற்றில் மணி, கட்டிச் சாரணை, தீர்ந்த இரசமணி, மந்திரம் தெய்வவுபாசனை முதற் பல மருந்து தெய்வவுறை, மக்களுறை, சூருறை என மூவகை. மருந்துக்கும் நோய்க்குமுள்ள இயைபு (சம்மந்தம்) பற்றி ஒப்புறை, எதிருறை, கலப்புறை யென மூவகைப்படும்.

மருந்தின் வலி.

மருந்துப் பொருள்கள்.—மூலிகை மருந்துச் சரக்குகள் 1,008, உப்பு வகை 25, பாடாணங்கள் 64, உபரசச் சரக்குகள் 112, உடற்பொருள்கள், சத்துகள், லோகங்கள், மணிகள் முதலியனவாதலால் அவை வகை பலவகை வலி(சத்து)களையுடையனவாயிருக்கின்றன. அவற்றில்,

(1) மிகுவலி(அதி வீரியம்)ப் பொருள்கள் ஒப்புறையாயும்,

(2) இடைவலி(சம வீரியம்)ப் பொருள்கள் எதிருறையாயும்,

(3) குறைவலி(அதம வீரியம்)ப் பொருள்கள் கலப்புறையாயும் பெரும்பாலும் பயன்படுகின்றன.

பலவிடங்களில் மிகுவலி இடைவலி மருந்துகள் கலப்புறையிற் சார்வதுமுள.

1. ஒப்புறை.—எம்மருந்து எந்நோய்க் குணத்தையுண்டாக்கும் அந்நோய்க்கு அம்மருந்து கொடுத்தலும், வாதமிகுதியாற்றோன்றிய வாதகுண நோய்க்கு வாதகுண மருந்தும், அவ்வாறே பித்தகுண நோய்க்குப் பித்த மருந்தும், ஐயநோய்க்கு ஐயமருந்தும், வாதபித்தவைக்கலப்பு நோய்க்கு அக்கலப்புக்குண மருந்தும் கொடுத்தல் ஒப்புறை,

உதாரணம்.—சூதம் பச்சை வெட்டாய்ச் சாப்பிட்டால் வாயிற்புண், வீக்கம், சூலைக்கட்டு, காய்ச்சல், கால்முடக்கு முதலியன உண்டாக்கும். சுத்தித்துப் பாகப்படுத்தப்பட்ட சூத பற்பம் அல்லது சூதப் பதங்கம் உட்கொண்டால் அந்நோய்கள் குணப்படும்.

சேங்கொட்டை சாப்பிட்டாலும் அதன்பால் உடலிற்பட்டாலும், அதன் வேகம் பட்டாலும் உடல் வீங்கும், தடிக்கும், அரிப்பெடுக்கும்; காய்ச்சல், சிரங்கு, புண், சூலை, இருமல் முதலியன உண்டாகும். சுத்தித்த சேங்கொட்டை மருந்துகள் சாப்பிடில் அவை குணப்படும்.

சவ்வீரம், வெள்ளைப் பாடாணம், ஊமத்து முதலியனவும் இவ்வாறே ஒப்புறையாம்.

2. எதிருறை.—வாதத்துக்குப் பித்த மருந்தும், பித்தத்துக்கு வாத மருந்தும், ஐயத்துக்குப் பித்த மருந்தும், பித்தத்துக்கு ஐய மருந்தும் கொடுத்தலும், வெப்பத்துக்குத் தண்மை மருந்தும், குளிர்ச்சிக்கு வெப்ப மருந்தும், மிகுந்ததைக் குறைக்கவும், குறைந்ததை நிறப்பவும் வளரவும் கொடுக்கு மருந் தெதிருறை.

3. கலப்புறை.—வாதம், பித்தம், வாதமையம், பித்தமையம், வாதபித்தையம், கூடிய அல்லது தனித்த சரக்குகளை அவற்றுடன் சேர்க்கும் சரக்கின் குணபலத்தால் தனித்

தனி வாதபித்தவைய நோய்களைத் தீர்க்கும் மருந்தும், குறித்த நோய் தீர்த்தற்குரிய ஒரு சரக்கைத தலைமையாய்க்கொண்டு துணைச்சரக்குகளைச் சேர்த்து முதற் சரக்கின் பெயராற் செய்யும், குளிகை, நெய், எண்ணெய், லேகியம், சூரணம், மெழுகு, தைல முதலிய மருந்துகளும் கலப்புறை.

வாதபித்தச் சரக்கு வாதச்சரக்கோடு சேரும்பொழுது வாதபலமும், பித்தச்சரக்கோடு சேரும்பொழுது பித்தபலமும் கலப்பால், உடையதாம்.

திருமந்திரம் 8000, மருந்தினியைபு.

மருந்தி னியைபை வகுக்கி லொப்புறை
இருக்கின் மாறுய்மருந்திங் கெதிருறை
மருட்டு மொன்றிரு குணங்கள் கலப்பால்
சிறத்தல் கலப்பெனச் செப்பினனந்தி.

முப்பதாண்டுகளாய்ப் பிறவைத்தியங்களாற்றீராத பல நோய்களைத் தமிழ் வைத்திய மருந்துகளாற்றீர்த்திருக்கிறேன். என்னிடம் வைத்தியம்படித்த பலரு மங்ஙனமே தீர்த்து வருகின்றார்கள். இப்பொழுது சென்னை வண்ணாரப்பேட்டையில் தமிழ் வைத்திய சங்கத் தரும வைத்தியசாலையில் மாதம் 1-க்கு 1,500 பெயர் எங்கள் தமிழ் மருந்துச் சாப்பிட்டுக் குணமடைந்து வருகிறார்கள். அதற்குக் கணக்கும் நற்சாட்சிப் பத்திரமுமிருக்கின்றன.

(c) (1) செரியாமை (அஜீரணம், குன்மம். அதிசாரம், கிராணி முதலிய இரப்பை நோய்கள் (Diseases of the stomach),
(2) மேகவாத சூலை (Rheumatism)
(3) இலிங்கபுண், பிரமேகம், மேகப்புண், உருப்புகளை அரிக்கும் புண், அரையாப்பு முதலியன (Syphilitic chancre),
(4) பற்றுகள் (படைகள்),
(5) சிராய்ப்பீநிசம்,
(6) எலும்பு வளரும் நசித்தலைவாதம்,
(7) மூக்கிற் சதைவளர்ச்சி (நாசிகாபீடம்,
(8) இலிங்கப்புற்று (யோனிப்புற்று)
(9) பிளவை

முதலிய நோய்களை ஆங்கில வைத்தியத்தைக் காட்டிலும் தமிழ்ச் சித்தவைத்திய மருந்துகள் விரைவிலும், சுளுவாயும், நிலையாயும், குணப்படுத்துகின்றன.

(1) குட்டம்,
(2) வெண்குட்டம்,
(3) நீரழிவு (மதுமேகம்),
(4) பக்கவாதம்,
(5) வலிப்பு,
(6) இருமல், இளைப்பு, (கயம், காசம)

இந்நோய்களை ஆங்கிலேய வைத்தியர் தீராநோய்களெனக்கூறுகின்றனர். தமிழ் வைத்திய நூல்களில் அவற்றுக்கு மருந்துகள் பல கூறப்படுகின்றன; அவற்றுக்குத் தமிழ் வைத்தியர் மருந்து கொடுத்துத் தீர்த்தும் வருகின்றனர்.

வடமொழி வைத்தியநூல்.

வடமொழி வைத்திய நூல்களிற் பழமையான சிறந்த நூல்கள் சரகம், சுசுருதம் தன்வந்திரி நிகண்டும் ஆம். அவற்றில் இரசம், பாடாணம், லோகம், சத்து முதலியவற்றின் பற்பம், செந்தூரம், சுன்னம், கட்டு, முப்பூக்குரு, இரசமணிகளும், எண்குறிகளும் (அட்டவிலக்கணங்களும்), அவற்றிற் சிறந்த நாடிநூல், நீர்க்குறி, நெய்க்குறி முதலியனவும் கூறப்பட்டில்லை. வடமொழியாசிரியரில் பிற்காலத்தில் நாகார்ச்சுனர் முதலியர் இரசாயன முறைகளையும் கி. பி. 15-வது நூற்றாண்டிலிருந்த சாரங்கதரர் முதலியர் நாடியைப் பற்றிச் சிறிதும் சில பற்ப செந்தூர முதலியனவும் எழுதியிருக்கின்றனர். ஆதலால் தேவுறைகளும் எண் வகைத்தேர்தல் (அஷ்டஸ்தானபரிக்கை)களும், முப்பூக்குரு, இரசமணி முதலியனவும் தமிழ்மொழி நூல்களுக்கே யுரிமைப்பட்டன.

வடமொழி ஆயுள்வேத மருந்துகள்.

1. குடிநீர் வகை, 12—

(1) சுரசம்,
(2) கல்கம்,
(3) க்வாதம்,
(4) ஹிமம்,
(5) பாண்டம்,
(6) சீதகஷாயம்,
(7) பானீயம்,
(8) பிரமஸ்தயம்,
(9) க்ஷீரபாகம்,
(10) பந்தம்,
(11) யவாகு,
(12) அவலேகம்,

எனப் பன்னிரெண்டு.

(1) கஞ்சி,
(2) சூரணம்,
(3) வடிகா (குளிகை),
(4) மோதகம் (உண்டை),
(5) கண்டபாகம் (லேகியம்),
(6) பாவநம்,
(7) புடபாகம்,
(8) காஞ்சிகம் (புளிப்புப்பானம்),
(9) திராவகம்,
(10) சுவல்பத் திராவகம்,
(11) சங்கத்திராவகம்,
(12) ஆசவம் (காச்சாத செயற்கள் (செய்வது),
(13) அரிஷ்டம் (காச்சிய செயற்கள்),
(14) கிருதம் (நெய்),
(15) தைலம்,
(16) வமனம் (வாந்தி),
(17) விரேசனம் (பேதி),
(18) வஸ்தி (பீச்சு மருந்து),
(19) நசியம் (மூக்குறை),
(20) தூமபானம் (புகைகுடித்தல்),
(21) கண்டூஷம் (கொப்பளி மருந்து)

இவையனைத்திலும் மூலிகைவகைகளும் திராவகத்தில் முதலியனவுஞ் சேர்ந்துள்ளன.

தமிழ் வைத்திய நூல்களின்படி வலியதன்மை—

(1) பொடி (சூரணம்)யினும்,
(2) சாறு வலிது, அதினும்
(3) குடிநீர் வலிது, அதினும்
(4) லேகியம் வலிது, அதினும்
(5) குளிகை வலிது, அதினும்
(6) மெழுகு வலிது, அதினும்
(7) உப்புநீறு வலிது, அதினும்
(8) தீநீர் வலிது, அதினும்
(9) தாதுப்பொருள் மருந்து வலிது, அதினும்
(10) பாடாணம் வலிது, அதினும்
(11) பாடாணப்புகை வலிது, அதினும்
(12) பாடாணப் பற்பம் வலிது, அதினும்
(13) பாடாண செந்தூரம் வலிது, அதினும்
(14) பாடாணச்சுன்னம் வலிது, அதினும்
(15) லோகச்சுன்னம் வலிது, அதினும்
(16) சத்துச் சுன்னம் வலிது, அதினும்
(17) இரச மணிகள் வலிது.

இவை 17 வகை மருந்துகளும் ஒன்றுக்கொன்று வலியது. ஆதலால், முந்திய மருந்துகளிற்றீராத நோய்களை பிந்திய மருந்துகளால் தீர்க்கவேண்டுமென்றும் கூறுகின்றது. ஆதலால், மருத்துவன் இவ்வெல்லா மருந்துகளையும் தெரிந்திருந்தால் ஒருவகை மருந்திற் றீராவிடில், மற்றொரு வகை மருந்து தந்து தீர்க்கலாம்.

மருந்தின்வலி வேறு விதம்.

(1) மூலிகை மருந்து வலிது, அதினும்
(2) உப்புவகை மருந்து வலிது, அதினும்
(3) தீநீர்வகை மருந்து வலிது, அதினும்
(4) உபரசவகை மருந்து வலிது, அதினும்
(5) உடற்பொருள் மருந்து வலிது, அதினும்
(6) பாடாணவகை மருந்து வலிது, அதினும்
(7) லோகவகை மருந்து வலிது, அதினும்
(8) சத்துவகை மருந்து வலிது, அதினும்
(9) இரசகுளிகை வலிது, அதினும்
(10) யோகம் வலிது.

திருமந்திரம் 8000.

"மன்மூ லிகைவகை வல்லுப்புத் தீநீர்
மன்று துடர்பொருள் பாடாணம் லோகம்
இன்னியற் சத்தி ரசமணி யோகம்
ஒன்றுக்கொன் றுயர் விலக்கம் நோய்க்கே"

என மருந்துகளின் வலிமைகளை வகுத்துக் கூறுகின்றன. இவையனைத்தும் தமிழ்ச் சித்தவைத்தியத்தில் நிரம்பியிருக்கின்றன. வடமொழி வைத்தியத்தில் 17 பகுப்பில் முதல் 8 பகுப்புகளும், 10 பகுப்பில் முதல் 3 பகுப்புகளுமிருக்கின்றன. எஞ்சியுள்ள உயர்வலி மருந்துகள் தமிழுக்கே உரியனவாயிருக்கின்றன. அவ்வுயர் மருந்துகள் பிறவைத்தியங்களில் தீராத நோய்களையும் தீர்க்கும் வலியுடையன. வடமொழிப் பிந்திய நூற்களிற்காணப்படுவன தமிழிலிருந்து சென்றன.

சென்ற சென்சஸ் கணக்கின்படி—

சென்னை இராஜதானியிலுள்ள வைத்தியர்கள்	ஆண்கள்	...	21,627
,, ,,	பெண்கள்	...	4,188
	ஆக		25,815 இதில்

ஆங்கில வைத்தியர்கள், சுமார்	... ...	700
சமஸ்கிருத ஆயுள்வேத வைத்தியர், சுமார்	... ...	300
திருவனந்தபுரம்-கொச்சி நாட்டில், சுமார்	... ...	700
யூநானி வைத்தியர், சுமார்	... ...	500
	ஆக	2,200 ம்
பெண் வைத்தியர்கள்	... ...	4,188 ங்கூடி
ஏற்பட்ட தொகை	... .	6,388 போக

19,427 மீதமிருக்கின்றனர். ஆதலால் எவ்விதம் குறைத்துப் பார்த்தாலும் திராவிட வைத்தியம் அல்லது தமிழ் வைத்தியம் செய்யும் வைத்தியர் சுமார் 20,000 வரையிலிருக்கின்றனர்.

இவ்விராஜதானியிற் பெருந்தொகையினரால் கைபாளப்படுவதும் தொன்றுதொட்டு நடந்து வருவதும் எல்லா நோய்களுக்கும் உயர்ந்த மருந்துகள் நிறம்பியதுமாகிய திராவிடம் அல்லது தமிழ்ச் சித்தவைத்தியத்தை வளர்பபதற்கு கவர்ன்மெண்டாரும், டிஸ்டிரிக்ட்டு போர்டுகளும், முனிசிபாலிட்டி, தாலூகா போர்டுகளும், யூனியன் போர்டுகளும் அதிக உதவி செய்யவேண்டுமென்று இத்தமிழ் வைத்திய சங்கம் வேண்டுகின்றது.

திராவிட பாஷையாகிய தமிழிலுள்ள சித்த வைத்தியமுறைகள் தெலுங்கு கன்னட முதலிய திராவிட மொழிகளிலு மெழுதப்பட்டிருக்கிறது. பிற்காலத்தில் கி. பி. 15-வது நூற்றூண்டி லெழுதப்பட்ட சாரங்கதரம், இதையும் கி. பி. 16-வது நூற்றூண்டிலெழுதப்பட்ட பாவப்பிரகாச முதலிய சம்ஸ்கிருத நூல்களிலும் தமிழ்வைத்தியமுறைகள் பல வேறியிருக்கின்றன.

கேள்வி 3.—(a),(b) (1), (2), (c) and கேள்வி 4.—(a) (1),(2),(3) என்ற வினாக்களில் வைத்தியம் கற்பிக்கும் ஸ்தாபனம் அல்லது பாடசாலை இருக்கிறதா ? இருந்தால் என்ன என்ன ஏற்பாடுகள் செய்யவேண்டுமென்று கேட்டிருக்கிறது.

இப்பொழுதுத் தமிழ் வைத்தியம் கற்பிக்கும பாடசாலைகளின்மையால் அதைப்பற்றி ஒன்றுஞ் சொல்வதற்கில்லை.

கேள்வி 4 (b) (1) (2) இதுவரை தமிழ்ச் சித்த வைத்தியங் கற்பிக்கப் பாடசாலைகள் ஏற்படவில்லை. தமிழில் வைத்திய நூல்கள் இலக்கக் கணக்கிலிருக்கின்றன. ஆனல், பிழையற்றபிரதிகளாய்ச்சிடப்பட்டுமில்லை. அந்நூல்களில் வைத்தியம்,மந்திரம், கற்பம், யோகம், ஞானம் முதலிய பொருள்கள் ஆங்காங்கு கலந்துகூறப்படுகின்றன. சில நூல்களில் மருத்துவமட்டும் கூறப்படலுமுண்டு. ஆனல், அவை அதிகார வகையாய்ப் பிரிக்கப்படாமல் பல பொருள்கள் அங்குமிங்கும் கலந்துமிருக்கும். ஆகலால், தமிழ் வைத்தியப்புலமை சான்றவர்களாக இவ்விராஜதானியில் 25 அல்லது 100 வைத்தியர்களை மெம்பர்களாகத் தேர்ந்தெடுத்து தமிழ் மருத்துவநூல் போர்ட் ஏற்படுத்தி 3 அல்லது 4 வருடங்களுக்குப் படிக்கும் பாடப்புத்தகங்களெழுதும்படி செய்து அச்சிட்டுப் பாடசாலைவைத்து அதிற்படிக்கும்படி செய்யவேண்டும்.

அப்படிச்செய்துமுடிய நாட்செல்லுமாதலால் தற்காலத்துக்கு இப்போதச்சிலிருக்கும் தமிழ் மருத்துவ நூல்களையே பாடப் புத்தகங்களாக்கிப் பாடசாலை துவக்கலாம்.

தமிழ் வைத்தியப் பாடசாலைகளில் தமிழ் வைத்தியத்திலும் நூற்களிலும் தேர்ந்த தமிழ் வைத்தியர்களை உபாத்தியார்களாக வேற்படுத்தவேண்டும். அம்மாணுக்கற்கும்

(1) தமிழ் வைத்தியசாலையும்,
(2) மருந்து செய்யக் கற்பிக்கும் மருந்துசெய்சாலையும்,
(3) புத்தகசாலையும்,
(4) மருந்தும் பொருட்காட்சிசாலையும்,
(5) அரும் பொருளாராய்ச்சிசாலையும்

ஏற்படுத்தி அவை நடைபெறவும், அவற்றில் மாணுக்கரும் உபாபத்தியாயரும் பயிலவும் செய்விக்கவேண்டும்.

கேள்வி 5.—அவ்வபிப்பிராயத்தைச் சென்னை இராஜதானித் தமிழ் வைத்திய சங்கத்தார் ஒப்புக்கொள்ளமுடியாது. தமிழ் வைத்திய நூல்களில் உபாசச் சரக்குகள் 112. உலோகங்கள் 9, உப்பு வகை 25, பாடாணம் 64 சத்துகள் இவற்றில் பற்பம், செந்தூரம்,சுன்னம், தீநீர், கட்டு, மெழுகு, மணிகள் முதலிய ஆயிரக்கணக்கான மருந்துகள் கூறப்பட்டிருக்கின்றன. அவை சமஸ்கிருதம், யூநானி, ஆங்கில வைத்தியங்களுக்குரியனவன்று, தமிழுக்கே யுரியன. ஆதலால், தமிழ் வைத்தியர் மேனாட்டு மருந்துகளைக் கற்றுக்கொள்ள அவசியம் நேரிடாது. மேனாட்டு வைத்தியர் தமிழ்ச் சித்தவைத்திய மருந்துகளை ஏற்றுக்கொண்டு உபயோகிக்கில் இருவருக்குமுள்ள வேற்றுமை விலகுமென்றெண்ணுகின்றேன்.

ஒரு சிலர் இரண்டையும் ஒன்றுபடுத்த விரும்பினாலும் முதலில் சித்தவைத்திய மருந்து செய்சாலையும் ஆராய்ச்சிசாலையும் ஏற்படுத்திச் சீர்ப்பட்டபிறகே ஏனைய காரியங்கள் செய்யத்தக்கதாம்.

கேள்வி 6.—வெள்ளைப் பாடாணத்தையும் கெந்தியையும் ஆங்கில நூலாசிரியர் லோக மில் பொருள் என்கின்றனர். தமிழ் வைத்திய நூலார் லோகப்பொருள் என்கின்றனர் இவ்வாறு தமிழ்ச் சரக்கு வைப்பு நூலுக்கும் ஆங்கிலச் சரக்கு வைப்பு (Chemistry) நூலுக்கும் பல வேற்றுமைகளிருப்பதால், அவ்விருநூல்களையுங் கலந்து ஆராய்ந்து வேறு நூலெழுதி தமிழ் மருத்துவப் பாடசாலைகளிற் படிப்பிக்கவேண்டும். ஆங்கிலத்திலுள்ள இயற்பொருணூல் (Physics), உடற்றொழில நூல் (Physiology), உடற்கூறு நூல் (Anatomy), நோயியல் (Pathology) களினின்று தமிழ் நூல்களோடு வேண்டியவற்றைச் சேர்த்தெழுதிப் பாடப்புத்தகங்களாக்கலாம். உயிர் நூல் (Biology) ஆங்கிலத்திலுள்ளதை முற்றுமொழி பெயர்த்துக்கொள்ளத்தக்கது. ஆங்கில அறுவை நூல் (Surgery) முற்றுங் கொள்ளத்தக்கதாயினும் அறுவை நூலில் வரும் விடங்களும் அமுத நிலையும் சேர்த்துத் தெளிவாயெழுதப்படவேண்டும்.

(a) தமிழ்ச் சித்தவைத்தியங் கற்பிக்கும் பாடசாலையிற் கற்பிக்கத்தக்க பயிற்சிகளின் முறை.

1-வது ஆண்டுப் பாடங்களும் பயிற்சியும்.

1. ஆசாரக்கோவை.
2. நாலடியார் (சில பகுதி).
3. திருக்குறள் (சில பகுதி).
4. இலக்கணம்.
5. மருந்தின் குணம்.—பதார்த்த சிந்தாமணி, தேரையர் (சில பகுதி).
6. மருந்து.—அகத்தியர் பரிபூரணம் 205.
7. உடற்கூறு —அகத்தியர் வைத்திய சதகம், ஷை வைத்திய அரிச்சுவடி.
8. நாடி.—திருமூலர் நாடி 100.
9. முறிவு.—யூகிமுனி பெருநூலிலுள்ள முறிவு, விஷப் பிரதி விஷம்.
10. நோயணுகாமுறை.—தேரையர் முதலியவர் நூல்களின் றிரட்டு.
11. பயிற்சி.—தமிழ் வைத்தியசாலை, மருந்துசெய்சாலை, பொருட்காட்சிசாலைகளிற் பழகல்.

2-வது ஆண்டுப் பாடங்களும் பயிற்சியும்.

1. திருக்குறள் (சில பகுதி).
2. நிகண்டு.—பிங்கல நிகண்டு—மூலிகைப் பெயர்ப் பகுதி, உடலுறுப்புப் பெயர் பகுதி, மருந்தின் பெயர் பகுதி, சட்டமுனி நிகண்டு, கருக்கிடை நிகண்டு.
3. மருந்தின் குணம்.—பதார்த்தகுண சிந்தாமணி (சில பகுதி), வாதாதி குணமறிதல், (தக்ஷணாமூர்த்தி திருமந்திரம் 1,500 சில பகுதி), சுவையறிதல் முதலியன, திருமந்திரம் 8,000 (சில பகுதி).
4. உடற்றொழில் நூல்.—(Physiology) திருமந்திரம் 8,000.
5. எண்வகைத் தேர்தல் (அட்டவிதபரிக்ஷை), நாடி—குருநாடி (பதினெண் சித்தர் நாடியிற்றிரட்டு, யூகிமுனி 800 ல் நாடி கூறும் பகுதி.) நீர்—நீர்க்குறி, நெய்க்குறி, (தேரையர்).
6. உடற்கூறு.—(Anatomy) வைத்திய சதகம் முதலியவற்றின் திரட்டுரையுடன்.
7. மருந்துகள்.—சூரணம், இளகியம், மெழுகு, நெய், தைலம், கட்டு, உண்டை முதலியன செய்யவும் நீற்றினஞ்செய்யவும் படித்தல்.
8. கருப்பக்கோள்.—மணி நாலாயிரம் (சில பகுதி), அகத்தியர் கருப்பக்கோள்.
9. நோய் முதல் குண மருந்து.—யூகிமுனி சிந்தாமணி 800, அகத்தியர் குண பாடம்.
10. பயிற்சி.—தமிழ் வைத்தியசாலை, மருந்துசெய்சாலை, பொருட்காட்சிசாலை, புத்தகசாலைகளிற் பழகல்.

3-வது ஆண்டுக்கு.

1. தேரையர் யமக வெண்பா.
2. நோய்முதல் குணமருந்து—(Pathology and Medicine).—யூகிமுனி 800, 400, அகத்தியர் குணபாடம், அகத்தியர் ஆயுள் வேதம் 1,200.
3. கண்ணோய்.—நயன சிந்தாமணி, நயன விதி, அகத்தியர்.
4. சரக்குச் சுத்தி.—அகத்தியர் முன்னெண்பது, பின்னெண்பது.
5. சுரம.—சுரநூல் (தன்வந்திரி).
6. வாதம்.—வாதநூல் (தன்வந்திரி).
7. வகுரி.—வகுரி நூல், ஊழிக்காற்று நூல், மகாமணி நூல்.
8. பால வாகடம்.—பால வாகடத் திரட்டு 1,200.
9. பொது விதி.—சுந்தரானந்தர் ஆயுள் வேதம், பொது விதி.
10. அறுவை.—இரண சிந்தாமணி, 500, 700.
11. தைலம்.—தைல வருக்கச் சுருக்கம், தேரையர்; பிரமமுனி 800.
12. இயற்பொருணூல்.—Physics.
13. மருந்து.—பற்பம், செந்தூரம், சுன்னம், புகை, சுடர் முதலியன செய்முறை.
14. பயிற்சி.—வைத்தியசாலை, மருந்து செய்சாலை, புத்தகசாலையிற்பயிலல்.

4-வது ஆண்டு.

1. முப்பு.—அகத்தியர் பரிபாடை, கொங்கணர் முப்பு 100, சுந்தரானந்தர் முப்பு 100, பூகிமுனி முப்பு 100, கொங்கணர் காண்டம் 3 - 3,000.

2. நீற்றினம்.—செந்தூரம் 300, அகத்தியர் வைத்தியம் முன் 600, ஷை பின் 600.

3. மருந்து வைப்பு.—Chemistry.

(a) சத்துகளெடுத்தல், சத்துப்பற்பம், செந்தூரம், சுன்னம் செய்தல், இரசமணி கட்டல், சட்டமுனி நிகண்டு, 1,200 ;

(b) உடற்பொருள் மருந்துகள் செய்தல், நந்தீசர் 300, நந்தீசர் 1,000 கருக்கிடை ;

(c) தலைநோய், மூக்குநோய், கணநோய், செவிநோய், விடம், உள்ளுறுப்பு நோய், கண், சிறப்பாயறிதல், அவற்றுக்கு மருந்து தெரிதல், செய்தல்.

4. பெருநோய் மருந்து.—குன்மம், இளைப்பு (காசம்), இருமல், (க்ஷயம்), வாதம், குட்டம், வெண்குட்டம், வலிப்பு, நீரழிவு, அரசபிளவை, இலிங்கப்புற்று, முதலியவற்றுக்கு மருந்து செய்முறை.

(a) காய்ச்சலின் காலமறிதல், அமுதநிலையறிதல், வருமமறிதல்.

5. வைத்தியச் சட்டம்.

6. பயிற்சி.—தமிழ் வைத்தியசாலை, மருந்துசெய்சாலை, அரும்பொருளாராய்ச்சி சாலையிற் பயிலல்.

மேற்குறித்த பாடப் பயிற்சிகளில் தமிழ் மருத்துவ நூற்கழகத்தின், சில பாடங்களைக் கூட்டவும் குறைக்கவும் செய்யலாம், இதற்கு கவர்ன்மெண்டார் துணையும் பொருளும் வேண்டும்.

(b) மேற்படி வைத்திய சாலையில் படிக்க விரும்புகிறவர்கள் ஸ்கூல் பைனலுக்குள்ள தமிழ்ப் பாடங்களைப் படித்துத் தேறியிருக்கவேண்டும்.

(c) தமிழ் வைத்திய நூல்களெல்லாம் தமிழ்ப் பாடையிலிருப்பதால் தமிழ் மொழியிலேயே கற்பிக்கப்படவேண்டும்.

கேள்வி 7.—தமிழ் வைத்தியஞ் செய்பவர்களை ரிஜிஸ்டர் செய்வதற்குத் தமிழ் வைத்தியக் கல்லூரி யேற்பட்டு அதிற்படித்துத் தேறியவர்கள் இப்போதில்லாமையால், அப்படித் தேறியவர்களுண்டாகும் வரை தற்காலத்துக்கேற்றபடி அடியிற்கண்டவாறு செய்யவேண்டும் :—

(a), (b) கோவிற்பட்டித் தமிழ் வைத்திய மகாநாட்டில் நிறைவேறிய 5-வது தீர்மானப்படி மேற்படி மகாநாட்டில் வைத்தியத்தைப்பற்றிய பிரசங்கம் வரை யுரைகளால் வன்மையறிந்து அவர்களுக்கு வைத்தியபதி (வி.பி.), (2) வைத்திய பூபதி (வி.பி.பி.) என்ற பட்டங்களும், 5-வது தீர்மானப்படி, நூல் எழுதல், அரிய மருந்து கண்டு பிடித்து வெளியிடல் முதலியன செய்வோர்க்கு முறையே (1) வைத்தியாசிரியர் (வி.எ.), (2) வைத்தியப் பேராசிரியர் (வி.பி.எ.), (3). வைத்தியதரு (வி.டி.) என்ற பட்டங்களும் தரவேண்டுமென்ற தீர்மானங்களின்படி, வைத்தியபதி, வைத்தியபூபதி, வைத்தியாசிரியர் என்ற பட்டங்கள் பெற்றவர்களையும், மேற்படி சங்கக் கண்காட்சியில் மெடல்கள் பெற்றவர்களையும் மேற்படி சங்க மெடிகல் போர்ட் மெம்பர்களையும் வேறு தமிழ் வைத்திய சங்கங்களிலாவது தேர்ச்சியுடையவர்களென்று ஒப்புக்கொள்ளப் பட்டவர்களை மெம்பர்களாக்கி அவர்களில் மெடிகல் கௌன்சிலர்களாகச் சிலரைத் தேர்ந்தெடுத்து அவர்களால் அமைக்கப்படும் மெடிகல் ரிஜிஸ்டிரேஷன் போர்டார் தமிழ் வைத்தியர்களை ரிஜிஸ்டர் செய்ய ஏற்பாடு செய்யவேண்டும். அல்லது தமிழ் வைத்தியக் கல்லூரி யேற்பட்டு 10 வருடங்கழித்து ரிஜிஸ்டர்செய்ய ஏற்பாடு செய்யவேண்டும்.

கேள்வி 8.—ஆலோபதி என்னும் ஆங்கில வைத்திய மருந்துகளுக்குண்டாகும் செலவைக் காட்டிலும் தமிழ் வைத்திய மருந்துகளுக்கு மிகக்குறைந்த செலவுபிடிக்கும் ; அதிக விரைவிலும் குணப்படும்.

ஆங்கில வைத்தியப்படி சூலை நோய்க்கு மிக்சர் டோஸ் 1-க்கு 4 அணு வீதம் நாள் 1-க்கு 3 டோஸ் ரூபா 0-12-0. மாதம் 1-க்கு ரூபா 22-8-0. கன்சல்டேசன் சார்ஜ், டிரீட்மெண்ட் சார்ஜ் குறைந்தது ரூபா 10, ஆக ரூபா 32-8-0.

தமிழ் வைத்தியப்படி இரச பற்பம், இரச பதங்கம், இரச கெந்தி மெழுகு முதலிய மருந்துகள் நாள் 4 முதல் 8 நாளைக்கு மருந்து ; 4 நாளைக்கு கிரையம் ரூபா 1. 8 நாளைக்கு ரூபா 2. வைத்தியர் பீசு ரூபா 1.

ஆங்கில வைத்தியப்படி பக்கவாதத்துக்கு 6 மாதத்துக்கு உள்ள மருந்தும் மேற் பூச்சுத் தைலமும் மாதம் 1-க்கு ரூபா 25. 6 மாதத்திற்கு குறைந்தது ரூபா 150. வைத்தியர் பீசு 150. தமிழ் வைத்தியப்படி வீரபற்பம் இரச பற்பம் 4 நாள் வீதம் 3 முறையாக வேளை 24-க்கு வேளை 1-க்கு 4 அணு வீதம் ரூபா 6, வைத்தியர் கூலி ரூபா 6.

இவ்வாறு ஆங்கில வைத்திய மருந்துகள் அதிக விலையாகின்றன. அதிக நாள் சாப்பிடவேண்டியதாயுமிருக்கிறது. தமிழ் வைத்திய மருந்துகள் சில நாள் சாப்பிட்டாலே போதும். விலையும் மிகக்குறைவு ; இக்காரணங்களால் தமிழ் வைத்தியத்துக்குக் குறைந்த செலவாகின்றது. ஆங்கில வைத்தியத்தில் தீராதென்று சொல்லப்படுகிற பல நோய்கள் தமிழ் மருந்துகளால் தீர்க்கப்படுகின்றன. தமிழ் வைத்தியத்தில் ஆயுளை வளர்க்கக்கூடிய பல மருந்து முறைகளுமிருக்கின்றன.

கேள்வி 9.—சென்னை ராஜதானியில் அயன் எஸ்டேட் தலைமைக் கிராமங்கள் 22,832 இருக்கின்றன. மசராக் கிராமங்கள் வேறு. அக்கிராமங்களில் தமிழ் அல்லது திராவிட வைத்தியர் சுமார் 20,000 க்கு மேலிருக்கின்றனர். ஆங்கில ஆஸ்பத்திரியெல்லாம் 670-க்கு மேலில்லை. ஆதலால், தமிழ் வைத்தியமுறைகள் ஜீரணித்துவிட்டதென்று சொல்வதற்கில்லை. ஆனால், தமிழ் வைத்தியரிற் பலர் முறையாய் படித்துத் தேரியவர்களாயில்லை. இராஜாங்கத்தாராவது பெரிய பிரபுக்களாவது சங்கங்களாவது அதை கவனித்து மேற்பார்த்து நடத்தாமையாலும் அதற்கென ஒரு பாடசாலையுமின்மையாலும் அதன் விளக்கம் குறைந்து வருகின்றது.

கேள்வி 10.—சென்னை ராஜதானியில் தமிழ் வைத்தியத்தை விருத்தி செய்வதற்கென்று தக்க நிதி யேற்படுத்தி தமிழ்க் கல்வியும் வைத்தியத் தேர்ச்சியுமுடைய பலரைச் சேர்த்து வைத்திய ஆராய்ச்சிக் கழகமொன்றேற்படுத்தி தமிழ் வைத்திய நூல்களைச் சேகரித்து அம்முறைப்படி மருந்து செய்வதற்கு மருந்துசெய்சாலை ஒன்று ஏற்படுத்தி எல்லா மருந்துகளையும் செய்து முடித்துவைக்கவேண்டும். தமிழ் மருத்துவக் கல்லூரியிற் படிக்கும் மாணுக்கர் மருந்து செய்முறைகளை அச் சாலையிற் படித்துக்கொள்ளவேண்டும். அதிற் படித்துத் தேரியவர்களுக்கு உத்தியோகங்கொடுக்க ஜில்லாதோறும் முனிசிபாலிடி, யூனியன் டவுன்களில் தமிழ் வைத்தியசாலை ஏற்படுத்தவேண்டும். மேற்படி வகைக்குக் கவர்ன்மெண்டிலிருந்தும் லோகல் போர்டுகளிலிருந்தும் சர்வகலாசாலைகளிலிருந்தும் தக்க பணவுதவி செய்யவேண்டும்.

(3)

M.R.Ry. Pandit SHANMUGANANDASWAMI Avergal.

கேள்வி 1.—தமிழ் நாட்டில் தொன்றுதொட்டு அனுபவித்து வருகின்ற சித்த வைத்தியம், தமிழ் வைத்தியம் அல்லது தமிழ் ஆயுள் வேதமுறையைப்பற்றி கூறுகின்றேன்.

கேள்வி 2.—(a) காணுகின்ற தூலஉடம்பினை இயக்குகின்ற சூக்கும உடம்பினது சக்திகள் அளவுக்கு மிகுதல், குறைதல்களாலும், தேசகால முயற்சிகளுக்கு ஒத்ததாக வேற்படுத்தியிருக்கும் நோயணுகாவிதி என்னும் சுகாதாரத்துக்கு மாறுதலாக அருந்தல், பொருந்தல், மணக்கவலை, பதினான்கு வேகங்களை அடக்கலானும், திரிகரணங்களின் மாறுபட்ட செய்கை, பழவினை, பரம்பரை, நோயுடையார் கலப்பு, தொத்துவியாதி என்னும் பரமாணுக்களாலும், புழுக்களாலும், விஷங்களாலும் வியாதியுண்டாகின்றது.

ஒத்து வருமென்றே நம்புகின்றேன். ஆயினும் தமிழும் ஆங்கிலமும் கற்ற அனுபவசாலிக்கே விளக்க எளிது.

(b) நாடி, முகம், மலம், அமுரி, கண், நாக்கு, உடம்பு, சத்தம், என்னும் எண்வகை தேர்தலாலும் நோயினை, நிதானித்தும், ஒப்புறை (சமான குறை மருந்துகளாலும்) எதிருறை (விரோத குண மருந்துகளாலும்), கலப்புறை (கூட்டுவர்க்க மருந்துகளாலும்) நோய்களை மாற்றிக் குணப்படுத்திவருகிறது.

பல நோய்களையும் பல நாட்களாக சுகப்படுத்திவருகின்றது. ஆனால் கணக்கு வைக்கும் வழக்கமின்மையால் எழுதவில்லை. வேண்டுமானால் நற்சாட்சி பத்திரங்கள் வாங்கியனுப்பவேனும்.

(c) உலகத்தில் பல பாஷைகளிலுமுள்ள வைத்தியங்களைக் காட்டிலும் தமிழ் சித்த வைத்தியம் மேலானது. காரணம் தேவ, மனித, அசுர, மருத்துவமென்னும் மூவகையாலும் வந்த நோய்களை மாற்றியும சுகவாழ்வைக் கொடுப்பதே வைத்திய நூல்களின் முடிவாகவிருக்கவும் தமிழிலோ நரை, திரை, மூப்புசாக்காடுகளை மாற்றி நித்திய வாழ்வினைக்கொடுக்கும் மணியும், கற்பமு முடையது. இதனை யோக அனுபவிகளிடத்தில் தெரியலாமல்லது யேனையோர்களிடத்தில் இதனை அறிய விரும்புவது தக்கதன்று. தமிழ் வைத்தியத்திலும், மணியும், மந்திரமும் மருந்தும் ஆகிய மூவிதங்களாலும் அவரவர்களுக்கு கிடைத்தைக்கொண்டு நோய்களை மாற்றி வருகின்றோம்.

கேள்வி 3.—(a) சென்னைத் தமிழ் வைத்தியச் சங்கத்திலும் அதன் தலைச்சங்கமாகிய கோவில்பட்டித் தமிழ் வைத்தியச் சங்கத்திலும், சென்னைத் தமிழ் வைத்தியச்சங்க தரும வைத்திய சாலையிலும் கலந்துள்ளேன். சென்னையில் பாடசாலைவைத்து வைத்தியக் கல்வி கற்பிக்க முயல்கின்றேன்.

(b) (1) போதுமானமட்டில் ஒழுங்காகவில்லை

(2) தகுதியான இடங்களல்ல. தகுதியாகவே நடக்கின்றனவென்றால் போதுமான மட்டிலில்லை.

பாடசாலைகளேற்படுத்துவதிலும், புத்தகங்கள் தொகுத்தலிலும், புத்தகசாலைகள் யேற்படுத்துவதிலும், மூலிகை தோட்டங்களுண்டாக்குவதிலும், மருந்துச்சாலை அமைத்தலிலும், மிகக்குறையுள்ளது.

(c) இல்லை. 3 (b) (2)ல் குறைகூறியிருக்கும் விஷயங்களைப் பூர்த்திசெய்தால் நிறைவாகும்.

கேள்வி 4.—(a) அவசியந்தான்.

4 (a) முதல் 4 (b) (2) வரையில் பொது ஜனங்களும் முனிசிபாலிடியும் கவர்ன்மெண்டும் தாலூகா ஜில்லா போர்டுகளும் தக்கவாறு உதவிபுரிந்தால் உயர்தரக்கல்லூரியும் கீழ்தரக்கல்லூரியும தோன்றச்செய்து பெரும்புலமைபெற்ற மேதாவிகளால் பாடபுத்தகங்கள் எழுதிவைத்தும், மருந்துச்சாலை, வைத்தியச்சாலை, மூலிகைத்தோட்டம், புத்தகசாலை முதலியவைகளை யேற்படுத்தியும் கிரமமாக நடக்கக்கூடிய சௌகரியங்களைப் பெற்றுச் சில வருடங்கள் நடந்தால் திருத்தமடைந்து நல்லபலனையே தரும்.

கேள்வி 5.—அங்கீகரிக்க முடியாது: காரணம், தமிழ் மருத்துவ முறைகளில் நாங்கள் அனுபவிப்பதற்கும் பிறருக்குத் தருவதற்கும் போதுமான அளவிலிருக்கின்றன.

அப்படி விரும்பவில்லை.

கேள்வி 6.—சிலவற்றை மாத்திரம் ஒப்புக்கொள்ளுகிறேன். பாடக்கிரமச்சுருக்கம் எழுதவேண்டுமானால் காலமும் பொருளுதவியும் இருந்தால் செய்யலாம்.

(a) 6 (a) முதல் 6 (b) வரையில் இதன் தலைச்சங்கமாகிய கோவில்பட்டித் தமிழ் வைத்திய சங்கத்தின் தீர்மானங்களே எனக்கும் சம்மதம்.

(c) தமிழ்பாஷை தமிழ் மொழியிலேயும் அவ்வவ் மாகாண மொழிகளிலேயும் போதிக்கலாம். தென்னிந்தியாவிலுள்ள பல பாஷைகளுக்கும் பொதுவாக தமிழிலேயே போதிக்கப்படுவதே சிறப்பு.

கேள்வி 7.—(a and b).—தலைச்சங்கத்தின் தீர்மானமே எனக்கும் சம்மதம்.

கேள்வி 8.—ஒப்பு, எதிர், கலப்பு, என்னும் மூவிதமாகிய மருந்துகளின் தொகுதியையுடைய தமிழ் சித்தவைத்தியமே சிறு செலவில் பெறும் பயன்தருவது.

கேள்வி 9.—தமிழிலுள்ள வைத்திய நூல்களுக்கும் வடமொழியிலுள்ள நூல்களுக்கும் பொதுவாக ஆயுள்வேதமென்று பெயரிருப்பதாலும் வடமொழியாளர்கள் சிறு தொகையினராகவிருந்தும் அதிகம் பேர் படித்தவர்களாகவும் ராஜாங்க உத்தியோகத்தில் அதிகம் இருப்பதாலும் தம்மையும் தமிழ் மருத்துவத்தினையும் தலையெடுக்கவிடாது தங்களுடைய நூற்களையும் தங்களுடைய பாஷையினை ஆதரித்தும், ஆதரிக்குமாறு தூண்டிவருவதாலும் தமிழ் வைத்தியர்கள் படிக்காமல் அனுபவித்து வருவதாலும் தென் இந்தியாவிலுள்ள ஆரிய சகோதரர்கள் தங்களை ஆயுள்வேதியரென்று கூறிக்கொண்டே தமிழ் மருந்துகளை கையாண்டு ஏமாற்றி வருவதாலும் அவர்கள் உறையில் மயங்கிய சிற்றரசர்களும் பிரபுக்களும் உத்தியோகஸ்தர்களும் கவனித்து ஆதரிக்காததேயாகும்.

தமிழ் மருந்துச்சாலை, மூலிகைத்தோட்டம், உயர்தரக்கல்லூரி, மாணவர்களுக்கு பாடபுத்தகம் எழுதி உபயோகித்தல் முதலான காரியங்கள் கிரமமாக ஜில்லா தாலூகாக்கள் தோறும் விருத்தியடையும்படி செய்துவந்தால் நல்ல நிலமைக்கு வரும்.

கேள்வி 10. (a)—தமிழ் வைத்திய ஸ்தாபனங்களுக்குப் பொருளுதவி தமிழ் மெடிகல் போர்டாரால் கொடுக்கும் நன்மதிப்புத் தாளுக்கு கௌரவம் கொடுத்து ஆங்கில வைத்தியர்கள் தமிழ் வைத்தியர்களை சமமாக கௌரவப்படுத்தலும் ஆங்கில வைத்தியசாலைகளில் தமிழ் வைத்தியர் ஒருவர் இருவரையாவது வைத்தியராகச் சேர்த்துக்கொள்வதும் ஆகும்.

அல்லது லாண்டு ரிவனியூ வரியின் ஒரு பகுதியினலாதரித்தோ அல்லது ரயில்வே கம்பெனிக்கு உதவிசெய்து வருவதுபோல ரூபாயிக்கு ஒன்றோ, இரண்டோ, மூன்றோ தம்பிடி வீதமாக வசூலித்தாவது உதவிசெய்தால் இவசூலில் பெரும்பயனையடையும்.

(b) ஜில்லா, தாலூகா போர்டுகளில் அதனதன் தகுதிக்கு யேற்றவாறு இலவச வைத்தியசாலை வைப்பதும கூடுமானால் தமிழ் வைத்திய பாடசாலை வைத்து ஆதரிக்கலாம்.

(c) தமிழ் கல்வியோடு தமிழ் வைத்தியக்கல்வியும் சிறப்பாக ஆதரித்தல். தமிழ் மெடிகல் போர்டார் உதவி விரும்பினால் தகுந்தபடி செய்தல்.

(d) தனி நபர்கள தங்கள் சக்திக்கேற்றவாறு பொருளுதவி செய்தலும் தமிழ் வைத்தியத்தை கௌரவப்படுத்தலும் ஆதரித்தலுமாம்.

சங்கங்களால் கலாசாலைகளுக்கு உபாத்தியாயர்களைத் தேர்ந்தெடுத்துக் கொடுத்தலும் அருமையான புத்தகங்களை அச்சிட்டு வெளிப்படுத்துதலும் பாடசாலைக்கு கால நீதிக்கேற்றவாறு பாடபுத்தங்களெழுதி உதவுதலுமாம்.

தமிழ் வைத்தியம் சீர்திருத்தமாகும் அளவும் ராஜாங்கத்தார் ஆங்கில வைத்தியர்களோடு ஒப்பநோக்கி உதவிபுரிதலும் கமிட்டியார் நன்மனதோடு செயயும் பொது உதவிக்கும் வைத்திய அபிமானிகளோடுகூட நானும் ஒருவனாக நன்றி பாராட்டுகின்றேன்.

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M.R.Ry. K. A. VENKATACHALA SASTRIAR Avargal, Vaidya Vesharada
AND
M.R.Ry. G. SUBRAHMANYA SARMA, ELIYURKAR Avargal,
Vaidya Thirtha.

கேள்வி 1.—மேன்மையான நோக்கத்துடன் பிரசுரிக்கப்பட்ட சுதேச வைத்யஸம்பந்தமான கேள்விகளுக்கு ஆயுர்வேத ஸம்பிரதாயத்தை யனுசரித்து பதிலெழுதப்படுகிறது.

கேள்வி 2.—(a) ஆயுர்வேத மென்றால் ஆயுளை வளரச்செய்வதும் குறையச்செய்வதுமான திரவியகுண கர்மங்களை யறிவிப்பது என்றாவது (இதனால் ஆயுளுக்கு நன்மை தீமைகளை விளைவிக்கக்கூடிய வஸ்துக்கள் இவை, என விளக்கப்படுவது), ஆயுளுக்குத் தீங்கை யுண்டாக்கும் திரவியங்களில் விசேஷதக் ஞானம் போதிப்பது என்றாவது பொருள்படும்.

பிருதிவ்யாதி பஞ்சமகாபூதங்களுடைய பரிணாமபேதத்தால் அமைக்கப்பெற்ற பௌதிகமாகிய இச்சரீரத்தில் எங்கும் வியாபித்துள்ள வாதாதி தோஷங்களும் இரஸாதி தாதுக்களும் மூத்திராதி மலங்களும் சரீரத்திற்கு மூலகாரணங்களாம்.

அவற்றுள் வாதம் "காற்று", பித்தம் "சூடு", சிலேஷ்மம் "அப்பு" ஆகிய இவைகள் தோஷங்களெனவும், இரஸ, ரக்த, மாம்ஸ, மேதஸ், அஸ்தி, மஜ்ஜை, சுக்கிலம், ஆகிய இவைகள் தாதுக்களெனவும், வஸ்தி, பக்வாசயம், கண், மூக்கு, காது முதலிய விடங்களிலிருந்து வெளிப்படும் கழிவுப் பொருள்கள் மலங்களெனவும் வழங்கப்படுகின்றன.

தோஷாதிகள் சரீராரோக்கியத்திற்கேற்றபடி ஸமானவஸ்தையைப் பெற்றிருக்கும் காலத்தில் சரீரம் ரோகவசப்படாமல் நிலைபெற்றிருக்கும்.

இப்படிச் சமான தர்மத்திலமர்ந்து தேகாரோக்யத் தொழில்களை நடத்திக்கொண்டிருப்பவைகளான தோஷ தாது மலங்கள் ஸமானஸமான திரவிய குணகர்மங்களின் ஸம்யோகத்தால் விருத்தி க்ஷீணங்களுக்குள்ளாகின்றன.

விஷத்தன்மையைப் பெறாத தோஷ தாதுமலங்களால் இச்சரீரத்திற்குண்டாகும் நன்மைகளாவன:—விகாரத் தன்மையையடையாமல் சுபாவத் தன்மையிலுள்ள வாயுவானது தனது சத்தியினால் மனோவாக்காய ஸம்பந்தமான தொழில்களில் ஊக்கம், உச்சுவாச நிஸ்வாஸங்கள், மலமூத்திராதிகளை வெளியிடுவதற்கான உணர்ச்சி, பசி, தாகம், இரஸாதி தாதுக்களுடைய இயற்கையான வேலைகளைச் சரியாக நடந்தேறச்செய்தல், தர்சனாதி இந்திரியங்களை யதனதன்றொழில்களில் சுறுசுறுப்பாயிருக்கச் செய்தலாகிய இக்காரியங்களைச் செய்வித்து சரீரத்தை ஆதரித்துவருகிறது.

விகாரத்தன்மையைப் பெறாத பித்தமானது தனது வன்மையினால் இயற்கைக்கு வேண்டிய அளவு உஷ்ணத்தை யுண்டுபண்ணியும், கண்களில் பார்வையைக்கொடுத்தும், பசி தாகங்களை யுண்டாக்கியும், பதார்த்தங்களின் சுவையறியும் சக்தி, தேககாந்தி, புத்திக் கூர்மை, சௌரியம், மிருதுத்வம், இவற்றைக்கொடுத்தும் சரீரத்தைத் தாங்கிவருகிறது.

கெடுதலடையாத சிலேஷ்மமானது தனது பிரபாவத்தினால் சரீரவன்மையையும், எலும்பு முதலியவற்றின் சந்திகளைக் கட்டியமைப்பதையும், அவ்விடத்தில் ஸ்நிக்தத்தன்மையையும் உண்டாக்கி பொறுமையையும், சரீரத்தில் உஷ்ணசக்தி அதிகரிக்காமல் சமநிலையிலிருக்கச் செய்தும் உடலைக் காப்பாற்றிவருகிறது.

சுபாவத் தன்மையைப் பெற்றிருக்கும் இரசாதி ஸப்ததாதுக்களுக்கு சரீரத்தை திருப்தியடையச் செய்தல், ஓஜோ தாதுவை விருத்திசெய்தல், சரீரத்தில் மேடுபள்ளமில்லாமல் ஒழுங்காக்கி வேலை செய்வதற்கேற்றபடி வைத்தல், எண்ணெய் பசையையுண்டாக்குதல், தாங்குதல் அல்லது சரீரத்தை தரித்தல், நிறப்புதல், கர்ப்போத்பத்தி செய்தல் என்னுமிவை முறையே முக்கியமான செயலாகக் கருதப்படுகிறது.

கெடுதியடையாத மலத்திற்கு, உடலை திடமாக நிறுத்துவதும், மூத்திரத்திற்கு சரீரத்திலுண்டாகும் கழிவுப்பொருள்களை வெளிப்படுத்துவதும், வியர்வைக்கு அக்கழிவுப் பொருள்களைத் தாங்குவதும், முக்கியமான குணங்களாகும்.

இனி சுபாவத்தன்மையிலிருந்து விருத்தியடையும்போதுண்டாகும் வாதாதிகளுடைய குணங்கள் கூறப்படுகின்றன.

சரீரத்தில் வாதம் விருத்தியடைந்தபோது உடல்கடுக்கம், மலபந்தம், பலக்குறைவு, நித்திரையின்மை, சிலுசிலுப்பு, தலைச்சுற்றல், உஷ்ணத்தில் விருப்பம் முதலிய இக்குணங்களுண்டாகும்.

பித்தம் விருத்தியடைந்தால், மலம், மூத்திரம், நேத்திரம், சர்மம் இவைகள் அதிக மஞ்சள் நிறைத்தையடைதல், பசியின்மை, நித்திரைக்குறைவு, கை, கால், கண்களின் எரிச்சல் முதலிய இக்குணங்களை யுண்டாக்கும்.

கபம் பரகோபமடையும்போது சோம்பல், அக்கினிமந்தம், வாயில் நீர்சுரத்தல், தேகம் வெண்மை நிறமாதல், அவயவங்கள் தளர்ச்சியுறுதல், இருமல், பெருமூச்சு, அதிக நித்திரை முதலிய விகாரங்கள் தோன்றும்.

இரஸ தாது விருத்தியடைந்தால் கப ப்ரகோபத்தில் ஏற்படும் குணங்களே காணப்படும். இரக்தம் இயற்கையளவிற்கு அதிகமானால் விஸர்ப்பம் "அக்கினியம்மை", குஷ்

டம், ப்லீக விருத்தி, இரக்த பித்தம், பல்நோய், மூர்ச்சை இவ்விகாரங்கள் தோன்றுவதுடன் நேத்திரம், மூத்திரம், சர்மம், இவைகள் சிகப்பாகவும் மாறிவிடும். மாமிஸம் விருத்தியானால் கண்டமாலை, கிரந்தி, அர்புதம், இவைகளுண்டாவதுமன்றி வயிறு, தொடை, கன்னம் இவை மிகப் பருமனாவதும், கழுத்து முதலிய அவயவங்களில் துர்மாமிஸம் அதிகமாவதும் ஏற்படும். மேதோதாதுவின் விருத்தியால் அற்பவேலை செய்தபோதிலும் மேல் மூச்சுண்டாகும் ; மார்பும் வயிறும் பெருத்துத் தொங்கும். அஸ்தியின் விருத்தியால் எலும்புகளில் முடிச்சுக்கட்டும், பற்கள் ஒன்றன்பின் ஒன்று முளைக்கும். மஜ்ஜையின் விருத்தியால் எலும்புகளுடைய ஸந்திகளில பருமனான விகாரமும், அதிக உபத்திரவம் தரக்கூடிய புண்களுமுண்டாகும். சுக்கில விருத்தியால் ஸ்திரீகளிடத்திலதிகமோகமும், சுக்கிராச்மரி என்னும் ரோகமுமுண்டாகும்.

மலம் இயற்கைக்கு அதிகமானால் வயிற்றில் பொருமலும், இரைச்சலும், பாரமும் வேதனையுமுண்டாகும். மூத்திரம் விருத்தியடைந்தால் மூத்திராசயத்தில் குத்தல் வலியும், மூத்திரம் வெளியான பிறகும், வெளியாகாதது போன்ற உணர்ச்சியுமிருக்கும். வியர்வை விருத்தியானால் அது அதிகமாய் வெளிப்படும், துர்கந்தமும் தினவுமுண்டாகும். இதுபோலவே கண் முதலிய விடங்களிலுண்டாகும் மல விருத்தியில் குருத்தன்மை முதலிய குணங்களிலிருந்து அறியவேண்டும்.

இனி வாதாதிகள் க்ஷீணமடையும்போது உண்டாகும் குணங்களாவன :—

வாதம் க்ஷீணமானால் சரீரமிளைத்து புத்திதடுமாறி மூர்ச்சை முதலிய குணங்கள் காணப்படுவதோடு கப விருத்தியில் கூறப்பட்டுள்ள வியாதிகளும் ஸம்பவிக்கும். பித்தம் க்ஷீணமானால் அக்கினிமந்தம், குளிர்ச்சி, தேககாந்தி குறைதல் ஆகிய விகாரங்கள் தோன்றும். கபம் க்ஷீணமானால் கபாசயங்கள் சூன்யமாதல், ஹிருதயத்தின் துடிப்பு, சந்திகள் நழுவுதல் என்னுமிக்குணங்கள் காணப்படும்.

இதுபோலவே இரஸாதி தாதுக்கள் க்ஷீணிக்கும் காலத்தில் (1) அதிக வறட்சி, (2) இரக்தம் அளவிற் குறைந்து இரக்த வாஹினிகளான தமனிகள் தளர்ச்சியுறுதல், (3) மார்பிலும், கன்னத்திலும், கண்டச் சதையிலும் மாமிசம் வற்றி இந்திரியங்கள் குன்றி சந்திகளில் வேதனையைச் செய்தல், (4) கொழுப்புக் குன்றி ப்லீஹம் பெருத்து உடலெங்கும் இளைத்துக் காணுதல், (5) எலும்புகளில குடைச்சல் தோன்றி நகம் நழுவி பற்கள் வீழ்ந்து மயிர் உதிர்ந்துப்போதல், (6) அஸ்திகளுக்குள்ளிருக்கும் திரவ வஸ்து வற்றி எலும்புகளில் பல சிறிய துவாரங்களுண்டாகி கண்ணின் பார்வையிருளடைதல், (7) சுக்கிலம் அதிக நேரம் கழித்து பீஜத்தில் வலியையும் எரிச்சலையும் முன்னிட்டு இரத்தத் துளிகளுடன் சிறிதளவு வெளிப்படுதலாகிய இக்குணங்கள் முறையே காணப்படும்.

மலமிருக்கவேண்டிய அளவிற் குறைவுண்டானால் வாயுவானது ஒருவித சப்தத்தோடு குடலை முறுக்கி இழுத்துப் பிடிப்பதுபோன்ற தோற்றத்தைச் செய்து விலாப்புறங்களில் தாங்கக்கூடாத வேதனையுடன் குடலுக்குள் சுழன்றுகொண்டு மீண்டும் அவ்வாய்வு மேல் நோக்கிச்சென்று மார்பையடைத்து உஸ்வாஸ நிஸ்வாஸங்களுக்குத் தடையை யுண்டாக்கும்.

மூத்திரம் க்ஷீணித்தபோது அதிக கஷ்டத்துடன் சிறிதளவு நிறம் மாறி மூத்திரம் வெளியாகும், அதுவும் இரத்தத்துளிகள் கலந்து வெளிவரும்.

வியர்வை க்ஷீணமடைந்தால் உரோமங்கள் சொரசொரப்புடன் தடித்து நிற்பதுமன்றி அவை யுதிரவு மாரம்பிக்கும். சர்மமும் வெளுத்துப்போகும். கண், காது, நாசி முதலிய விடங்களிலுண்டாகும் மலங்கள் க்ஷீணித்தால் அவ்விடங்களில் வலி உண்டாகும், அவ்வவயவம் சூனியமாய் இருப்பதாகத் தோன்றும்.

இதுவரையில் சரீராரோக்கிய அநாரோக்யங்களுக்கு முக்கிய காரணங்களான வாதாதி தோஷங்களின் ஸம, வ்ருத்தி, க்ஷீணங்களாலுண்டாகும் சாமான்ய லக்ஷணங்கள் ஒருவாறு குறிப்பிடப்பட்டன.

இனி வியாதிகளை யுற்பத்தி செய்வதில் முக்கிய காரணமாயுள்ள திரிதோஷங்களுடைய குணங்களும், க்ரியைகளும், அத்தோஷங்கள் விருத்தி க்ஷீணங்களடைவதற்குக் காரணங்களும் எழுதப்படுகின்றன.

வாதமானது வரக்ஷி, இலகு, சீதம், கரம், சூக்ஷ்மம் (மிகச்சிறியது துவாரங்களை யுடைய நாடி முதலியவற்றிலும் ப்ரவேசித்துச் செல்லுமியல்புடையது), சலம் (எப்பொழுதும் அசைந்தோடும் தன்மை பெற்றது) என்னும் இக்குணங்களை யுடையதாகும்.

பித்தமானது ஸ்நித்தம் (நெய்ப்பசை), தீக்ஷணம் (கூர்மை), உஷ்ணம் (இலகு), விஸ்ரம் (ஒருவகை துர்நாற்றம்). ஸரம், த்ரவம், என்னும் குணங்களையுடையதாம்.

சிலேஷ்மமானது, ஸ்நிக்தம், சீதம், குரு, மந்தம், ஸ்லக்ஷ்ணம் (மழமழப்பு), ம்ருத்ஸ்னம், (ம்ருதுவான வழவழப்பு), ஸ்திரம் (பெருகிப் போகாமை) என்னும் குணங்களை யுடையதாம்.

விகாரமடைந்த வாதத்தின் தொழில்கள்.

சந்திகள் நழுவுதல், இசிவு, தடியாலடித்தது போலிருத்தல், திமிர், சரீரமிளைத்துப் போதல், சரீரமெங்கும் நோய், ஊசியினால் குத்துவதுபோலிருத்தல், தேகம பிளக்கப் படுவதுபோன்ற உணர்ச்சி, மல மூத்திரங்கள் தடைபடுதல், இந்திரியங்களுடைய செயல்கள் குன்றிப்போதல், கைகால்கள் முடங்கி பங்க முறுதல், மலம் கயிற்றைப் போல்திரிந்திடுதல், அடிக்கடி மயிர்க் கூச்சலுண்டாதல், நாவரக்ஷி, நடுக்கம், தேகத்தின்மேல் சொர சொரப்பு, எலும்புகளில் சிறிது பெரிதுகளான பல துவாரங்கள் காணப்படுதல், மாம்ஸ முதலியவைகளிலுள்ள திரவஸத்து வற்றிப்போதல், அவயவங்கள் முறுக்கி இழுப்பது போலிருத்தல், சதைத் துடிப்பு, கால்கைகள் நீட்ட முடக்க முடியாமல் விரைத்து ஸ்தம்பித்துப்போதல், நாவில் துவர்ப்புச்சுவை உண்டாதல், உடல் கருஞ்சிவப்பான வர்ணத்தை யடைதலாகிய இவைகளாம்.

விகாரமடைந்த பித்தத்தின் தொழில்கள்.

உடலெங்கும் தாங்கக்கூடாத எரிச்சல், கண் முதலியன சிவந்துக் காணுதல், அதிக உஷ்ணம், வாய் முதலிய விடங்கள் வெந்துப்போதல், வாய் நாற்றம், அதிக வியர்வை, இரக்த முதலிய தாதுக்களில் க்லேதத்வம் (அழுகக்கூடிய நிலமை), இரக்த ஸ்ராவம், தாதுக்களழுகிவிடுதல், தளர்ச்சி, தலைச்சுற்றல், மூர்ச்சை, வெறிபிடித்தவன் போலிருத்தல், நாக்கில் புளிப்புக் காரச்சுவை தோன்றுதல், வெண்மையும், சிகப்பும் நீங்கலான மற்ற எந்த நிறமாயாவது சரீர காந்தி மாறிவிடுதல் ஆகிய இவைகளாம்.

விகாரமடைந்த கபத்தின் றொழில்களாவன.

சரீரத்தில் ஸ்நிக்தத் தன்மையான மினிமினிப்பு, கடினத் தன்மை, தினவு, சீதஸ்பர்சம், குருத்துவம், ஸ்ரோதோமார்க்கங்களுக்குத் தடை, சரீரத்தில் விரைப்பு, வீக்கம், அக்கினி மந்தம், அதிக நித்திரை, வாயில் நீர்ச்சுரப்பு, தேகம் வெண்மையாய் மாறுதல், நாக்கில் இனிப்பு, சரீர ஸம்பந்தமான தொழில்கள் மந்தப்படுதலாகிய இவைகளாம்.

இனி இங்கு சிறிது விஷயசுத்தி உபக்ரமிக்கப்படுகிறது.

தேஹோற்பத்திக்கு எப்படி ப்ருதிவ்யாதி தத்துவ பஞ்சகம் மூலகாரணமோ, அது போலவே த்ரவ்யோற்பத்திக்கும் ப்ருதிவ்யாதிதத்துவம் மூலகாரணமாயிருக்கிறது. சரீரோத்பத்தி காரணமான வாதாதி தத்துவங்கள் எந்த குரு, ஸ்நிக்த, ரூக்ஷாதி குணங்களைப் பெற்றிருக்கின்றனவோ, அதே தத்துவங்களால் நிர்மிக்கப்பட்ட ஓஷதிகளும், இரஸோபரஸாதிதாதுக்களும், அதே குரு, ஸ்நிக்த, ரூக்ஷாதி குணங்களைப் பெற்றிருக்கின்றன. இவ்விரண்டினது உற்பத்திக்கும் காரணமாயுள்ள பூதங்கள் ஒன்றாய் அமைந்து போனமைபற்றி காரணப் பொருள்களிலுள்ள குணங்கள் அதனது காரியத்திலும் வியாபித்து நிற்கவேண்டியது கடமையாயிற்று. ஜீவத்ரவ்ய ஸ்ருஷ்டிகளுக்குக் காரணமாயுள்ள பூதங்களொன்றாயிருந்தாலும் ஜீவஸ்ருஷ்டியில் வாய்வக்னி ஜலாம்சங்கள் அதிகப்பட்டும், த்ரவ்ய ஸ்ருஷ்டியில் ப்ருதிவ்புதகாகாசாம்சங்கள் அதிகப்பட்டுமிருப்பதுபற்றியே முதற்கூறியது சித்த (ஜீவனையும்) அடுத்துக்கூறியது ஜட (த்ரவ்யமாயும்) மாகியது. எந்த த்ரவ்யத்தில் ப்ருதிவியினம்சம் மேலிட்டிருக்கிறதோ அதை பார்த்திவத்ரவ்யமென்றும், அப்பினம்சம் அதிகரித்திருந்தால் அதை ஆப்யத்ரவ்யமென்றும் இவ்வாறே மற்ற த்ரவ்யங்களையும் கூறப்படுகின்றன.

ஒவ்வொரு வஸ்துவும் உற்பத்தியாய் விருத்தியடைவதற்கு ப்ருதிவ்யாதி பஞ்சபூதங்கள் அவசியமானவை. ஒரு வஸ்து உண்டாகவேணுமானால் அதற்கு ஆதாரம் ஒன்று தேவை, அதுவே பூமியாகும். அதை செழிப்பாய் வளரச் செய்வதற்கும் ஜலம் உபயோகமானது. அதை பரிபக்குவமாக்குவதற்கு உஷ்ணம் முக்கியமானது. அதைக் கப்பும் கிளையுமாகப் பிரித்து வளர்ப்பதற்கு வாயு முக்கியமானது, வளர்ந்தோங்குவதற்கு இடைவெளியான ஆகாசம் முக்கியமானது.

தத்துவாம்ச ஸம்யோகத்தின் வேறுபாட்டால் சிற்சில ஓஷதித்ரவ்யங்களில் இலகு, ஸ்நிக்தாதி தசகுணங்கள் அமைந்திருப்பதுபோலவே அக்குணங்களுக்கு நேர் எதிரிடையான குரு ரூக்ஷாதி தச குணங்கள் வேறு சில ஓஷதித்ரவ்யங்களிலும் அமைந்திருக்கின்றன. மேலும் திரவியங்களிலடங்கியுள்ள குர்வாதி குணங்கள் அந்த த்ரவ்யாச்ரயமான இரஸங் (சுவை) களிலும் அடங்கி இருக்கின்றன. திரவ்யங்களிலிவ்வாறடங்கியுள்ள இரஸங்களில், இனிப்பு, புளிப்பு, உப்பு, காரம், கசப்பு, துவர்ப்பு, என்னும் இவ்வாறும் (ஷட்ரஸங்கள்) அறுசுவையெனப்படும். இவை அந்தாதி க்ரமமாய் ஒன்றைக் காட்டிலுமொன்று சரீரத்திற்குப் பலமுண்டாக்குவதில் சிறப்புடையதாகும். நிற்க, இதுவரையில் கூறப்பட்டதிலிருந்து சேதனுசேதன பதார்த்தங்களுடைய உற்பத்திக்கு ப்ருதிவ்யாதி பஞ்ச மகாபூதங்களே முக்கிய காரணங்களென்பது ஸ்பஷ்டமாயிற்று. இப்படியிருக்க சரீரோத்பத்தியில் ஸம்பந்தப்பட்ட பஞ்ச மஹா பூதங்களில் ப்ருதிவீதத்துவத்தையும் ஆகாச தத்துவத்தையும் விலக்கிவிட்டு மிச்சப்பட்ட தத்துவ (வாயு, அக்னி, ஜல)ங்களைக் கொண்டே தேகத்தைப்பற்றிய ரோகாரோக்யவர்ணனைகள் செய்யப்படுவது எப்படி பொருத்தமுடையதாகும்? இப்படிப்பட்ட ஆசங்கை யாவருக்குமுண்டாவது நியாயமே.

ஆனால் சரீரோத்பத்தி காலத்தில் ப்ருதிவ்யாதி தத்துவாம்சங்கள் எவ்வாறு அமைக்கப்பட்டிருக்கின்றனவென்பதைக் கொஞ்சம் விளக்கிவிட்டால் இப்படிப்பட்ட ஆசங்கைக்கு அவகாசமுண்டாகாது. ஆகையால் அதைப்பற்றிச் சிறிது கூறுவோம்.

ப்ருதிவ்யாதி ஐந்து தத்துவங்களுக்குள் ப்ருதிவியின் குணாம்சங்கள் அப்புவிலும், ஆகாச குணாம்சம் வாயுவிலும் அடங்கியிருப்பதுபற்றியே அவ்விரண்டு தத்துவங்களைத் தனியாகப் பரிசோதனைக்குக் கொண்டுவாராமலே கார்யசித்தி ஏற்பட்டுவிடுகிறபடியால் அவை நீங்கலாக நின்ற வாய்வக்னி ஜலங்களான தத்துவ த்ரயங்களைக் கொண்டே சேதனாசேதன லக்ஷணங்களும் அவைகளின் சுபாவங்களும் அறியப்படுகிறதென்பது ஆயுர்வேத சித்தாந்தம். இம்மூன்று தத்துவங்களும் சுக்ரார்த்தவங்களோடு கலந்துகொண்டு சரீரோத்பத்திக்கு காரணமாகும்போது அவை வாதம், பித்தம், சிலேஷ்மம் என வியவகரிக்கப்படுகிறது. இனி முன் ப்ரஸ்தாபிக்கப்பட்ட அறுசுவைகளைப்பற்றி எழுதுவோம்.

அந்த அறுசுவைகளில் மதுராம்ல லவணங்கள் வாதத்தையும், காரம், கசப்பு, துவர்ப்பு, இவைகள் கபத்தையும், துவர்ப்பு, இனிப்பு, கசப்பு, இவைகள் பித்தத்தையும் சமனப்படுத்தும். அதாவது, வாதாதிகளுடைய வேகத்தைத் தணியச் செய்யும். அன்றியும், கசப்பு, காரம், துவர்ப்பு, இம்மூன்றும் வாதத்தை விருத்தி செய்யும். அங்ஙனமே இனிப்பு, புளிப்பு, உப்பு, இம்மூன்றும் கபத்தையும், காரம், உப்பு, புளிப்பு, இம்மூன்றும் பித்தத்தையும் விருத்திசெய்யக்கூடியவைகளாம். இப்படி அறுசுவைகள் நிறையப்பெற்ற திரவியங்களில் விருத்தியான வாதாதி தோஷங்களைக் குறைத்து அதனதன் நிலைமையிலிருக்கச்செய்து வியாதியைச் சமனப்படுத்தும் திரவியங்களுக்கு சமனௌஷதமென்றும், தோஷங்களை விருத்தியடையச்செய்யும் திரவியங்களுக்கு கோபனௌஷதமென்றும், ஆரோக்யஸ்திதியிலிருப்பவருக்குக்கூட ஹிதத்தைக் கொடுத்தாதரிக்கும் திரவியங்களுக்கு ஸ்வஸ்தஹிதௌஷதமென்றும் வழங்கப்படுகின்றன.

இப்படி ஷட்ரஸங்கள் நிறையப்பெற்ற அனாதிகள் புஜிக்கப்படும்போது குடலில் சென்று பக்குவமாகும்போது அவ்வுணவுகளிலுள்ள மதுர லவணங்கள் இனிப்பாயும், அம்லரஸம் புளிப்பாயும், திக்த கடு கஷாயங்கள் கடுரஸமாயும் மாறிவிடுகின்றன. இப்படி மாறிய இம்மூன்று ரஸங்களும் வாதபித்த சிலேஷ்மங்களுள் ஒன்றுக்கொன்று தாரதம்யமுண்டாகாதபடி வைத்துக்கொண்டு நீடித்தகாலம் ஜீவித்திருக்கச்செய்யும்.

முதலில் நாம் உணவாகக்கொண்ட அன்னபானாதிகள் குடலுக்குட்சென்று அங்கு பாசன பித்தத்தால் பக்குவப்படுத்தப்பட்டு ஸாரகிட்டங்களாகப் பிரிந்து அந்த அன்னஸாரமான ரஸம் மீண்டும் தாத்வக்னியால் பக்குவம் செய்யப்பட்டு அதிலுள்ள அஸத்தான அம்சம் கபமாகவும், ஸத்தான அம்சம், ப்ராண வாயுவிலுள்ள ரஞ்சகபித்த ஸஹாயத்தால் இரத்த வர்ணத்தைப்பெற்று அதுவும் தாதுவிலுள்ள உஷ்ணத்தால் சமைக்கப்பட்டு அதிலுண்டான மலாம்சம் பித்தமாகவும் ஸாராம்சம் மாம்சபேசிகளாகவும், அப்பேசிகளும் கிரமமாய் அங்குள்ள உஷ்ண சக்தியால் பக்குவப்படுத்தப்பட்டு மேதோஸ்தி மஜ்ஜைகளாகவும், அந்த மஜ்ஜா தாது சுக்கிலமாகவும், மாறி பாலில் நெய்போல் சரீரமெங்கும் வியாபித்ததாய் ஸம்போககாலத்தில் அச்சுக்கிலம் ஒன்றாய் திரண்டோடி சுரோணிதத்தில் பாய்ந்து நாளடைவில் மாத்ருஸம்பந்தமான பூதாம்ச ரஸத்தால் வளர்க்கப்பட்டு கரசரணாதிகளுடன் பூமியில் ஜீவனாய்த் தோன்றியதுமுதல், உட்கொள்ளப்படும் ஆகாரங்களனைத்தும் மதுர ரஸமாகி நுரையுடன் கூடினதாய் கபத்தன்மையைப் பெற்றபிறகு ஜாடராக்கினியால் சமைக்கப்பட்டு அம்லபாவத்தையடைந்து சூக்ஷமரந்திரத்தி "சிறு குடலி"ல் வந்துகொண்டிருக்கும்போதே பித்தத்துடன்கூடி அதன் வெப்பத்தினால் சோஷணம் செய்யப்பட்டு ஜீரணமாவதுடன் அவ்வுணவுகளின் திப்பியைப்போன்ற வஸ்து முடிவில் கடுத்தன்மையைப்பெற்று வெளியில் தள்ளப்படுகிறது.

இதனால் ப்ருதிவ்யாதி பஞ்சமஹா பூதங்களொவ்வொன்றிலும் தனித்தனியாகவே அமைந்துள்ள ஐந்து விதமான உஷ்ண சக்தியினால் முறையே ப்ருதிவ்யாதி குணங்களைப் பெற்ற ஐந்து விதமான ஆஹார ரஸங்களும் பக்குவம் செய்யப்படுகின்றனவெனவாயிற்று. அதாவது, பஞ்சபூதங்களுடைய எல்லா குணாம்சங்களும கிரமமாய் அதததற்குற்ற குணாம்சங்களைப் பக்குவம்செய்து தனித்தனியே ஒவ்வொன்றையும் சரீரத்தில் சேர்ப்பித்து போஷிக்கின்றன, என்றால் திரவியத்திலுள்ள பார்திவாம்சங்கள் சரீரத்திலுள்ள ப்ருதிவ்யம்சங்களையே போஷிக்கும். இப்படியே மற்றுமுள்ள பூதாம்சங்கள் தேகத்திலுள்ள மற்ற பூதாம்சங்களையும் பக்குவம்செய்து போஷிக்கின்றன. நிற்க, உள்ளுக்கு உபயோகிக்கும் ஆகார ஸத்திலிருந்து இரஸாதி ஸப்த தாதுக்கள் உண்டாகின்றன. அவை முறையே ஒன்றைபொன்று போஷித்துக்கொண்டிருக்கின்றன. அத்தாதுக்களில் ஜாடராக்னியின் அம்சங்கள் முற்றிலும் வியாபித்துள்ளன. அப்படிப்பட்ட அக்னியம்சங்களுடைய உஷ்ணசக்தி குறைவுறுதலால் தாதுக்களிலுள்ள திரவாம்சம் சரியானபடி சோஷிக்கச் செய்யாத நிமித்தம் தாதுக்களுக்கு விருத்தியும், அச்சக்தி அதிகரித்தலால் தாதுக்களிலுள்ள திரவாம்சம் அதிகமாய் சோஷிக்கச்செய்த காரணம்பற்றி தாதுக்களுக்கு க்ஷீணமும் உண்டாகிறது.

இப்படி போஷிக்கப்பட்டுவருங்காலத்தில் இலகுரூக்ஷாதி குணங்களைப்பெற்ற ஒரே விதமான உணவுப் பொருள்களை அளவிற்கதிகமாய் எப்போதும் உபயோகித்துவருவதால் அதே குணங்களைப்பெற்ற தோஷம் விருத்தியடையும். இப்படி ஒரு தோஷம் விருத்தியடையும்போது அந்த லகு ரூக்ஷாதி குணங்களுக்கு நேர் எதிரிடையான குரு ஸ்னிக்தாதி குணங்களைப்பெற்ற வேறொரு தோஷம் க்ஷீணத்தையுமடையும்.

இதுபோலவே பஞ்சேந்திரியங்களுக்கும் ஒத்துக்கொள்ளாத சப்த - ஸ்பர்ச - ரூப - ரஸ - கந்தங்களுடன் உண்டாகும் சேர்க்கையும், காலமும், கர்மமும், (ஆரோக்கியத்திற்கும் ஆத்மாவுக்கும்) தீங்கை விளைவிக்கும். இந்த கால, அர்த்த, கர்மங்களிடைய சேர்க்கை ஹீன, மித்யா, அதி யோகம் என்கிற முறையில் மூன்றுவிதமான பேதங்களையுடையதாகும். இந்திரியங்களுக்கு அதனதன் சப்தஸ்பர்ஸாதி விஷயத்தோடு உண்டாகும் சேர்க்கை குறைந்து ஸ்வல்பமாய்ப்போய்விட்டாலும், அல்லது முற்றிலுமே ஸம்பந்தமொழிந்து போனாலும் அது ஹீனயோகமென்றும், அவ்விந்திரியங்களுக்கு அதனதன் விஷயத்துடன் சேர்க்கை அதிகமானால் அது அதியோகமென்றும், இந்திரியங்களுடைய இயற்கையான சுரூபத்திற்கு எதிரிடையான ஸம்பந்தம் (அதாவது நேத்திரேந்திரியத்தினால் பார்க்கப்படும் உருவானது அதிகப் பிரகாசமாகவோ, பயங்கரமாகவோ, அருவருப்பைத் தரக்கூடியதாகவோ, விகாரலக்ஷணத்தையுடையதாகவோ, அதிக தூரத்திலிருப்பதாகவோ, அதி ஸமீபத்திலுள்ளதாகவோ யிருக்குமானால்) அது அந்த ரூபேந்திரியத்திற்கு மித்யாயோகமெனப்படும். இம்மூன்று யோகத்திலுள் மித்யாயோகம் மிகக்கொடியது. இதுபோலவே காலம், சீத (பனிகாலம்), உஷ்ண (வெய்யில்), வர்ஷா (மழை) காலமென மூன்றுவகைப்படும். அவற்றுள் அந்த காலத்திற்குரிய சீதாதிகள் ஏதேனும் இயற்கைத்தன்மையிலிருந்து குறைவடையுமானால், அதாவது சீதகாலத்தில் குளிர்ச்சிக்குறைவும், உஷ்ணகாலத்தில் உஷ்ணக்குறைவும், வர்ஷாகாலத்தில் மழைக்குறைவு மேற்படுமானால் அதுகால ஸம்பந்தமான ஹீனயோகமென்றும், அச்சீதாதிகளியற்கையினுமதிகமானால், அதாவது, சீதோஷ்ண வர்ஷாகாலங்களில் குளிர்ச்சி, உஷ்ணம், மழை, இவையதிகப்படுவது அதியோகமென்றும், அந்தந்த காலங்களின் இயற்கைக்கு எதிரிடையான லக்ஷணங்கள், அதாவது சீதகாலத்தில் உஷ்ணம் அல்லது மழையும், உஷ்ணகாலத்தில் மழை அல்லது குளிரும, அக்காலத்தின் மித்யாயோகமென்றும் கூறப்படுகின்றன. இதுபோலவே கர்மமும் காயிகம், வாசிகம், மானஸிகம் என மூன்றுவகைப்படும். சரீரம், வாக்கு, மனம் இவற்றால் செய்யப்படும் கிரியைகளுக்கு இயற்கையிலும் குறைவான ப்ரவ்ருத்தியுண்டாகுமானால் அல்லது சிறிதும் ப்ரவருத்தியே இல்லாமற்போனால் அது அக்கர்மத்தின் ஹீனயோகமென்றும், அவைகளுக்கு இயற்கையினும் அதிக ப்ரவ்ருத்தியுண்டாகுமானால் அது கர்மஸம்பந்தமான அதியோகமென்றும், மலமூத்ராதிகளையடக்குதல் அல்லது பலாத்காரமாய் அவ்வேகங்களை வெளிப்படுத்த முயலுதல ஒரு அவயவத்தால் செய்யவேண்டிய வேலையை மற்றொரு அவயவத்தைக்கொண்டு செய்வது முதலியவை கர்மஸம்பநதமான மித்தியா யோகமென்றும் சொல்லப்படுகின்றன.

மேலே குறிப்பிட்டபடி காலம், அர்த்தம், கர்மம் இவைகளுடைய ஹீனமித்யாதி யோகத்தினாலும், சரீரத்திற்கு ஒற்றுக்கொள்ளாத நானாவித மலின அன்னபானாதிகளை விதி தவறியுபயோகிப்பதினாலும், துஷ்ட வாதாம்பு ஸேவனத்தினாலும், சீதோஷ்ண ஸ்திதி யடிக்கடி மாறுபடுவதினாலும், அதிகப் புணர்ச்சி, பகல் நித்திரை, மலாதிகளை யடக்குகல் முதலிய செய்கைகளினாலும், ப்ருதி வ்யாதி பஞ்சமஹாபூதங்களால் தோற்றுவிக்கப்பட்ட பௌதிகமாகிய இச்சரீரத்தில் தோஷங்களென்கிற பெயருடன் எங்கும் வியாபித்துள்ள வாத, பித்த, சிலேஷ்மங்களாகிய இம்மூன்று தத்துவங்களும் தேகாரோக்கியத்திற்கு இருக்கவேண்டிய அளவிற்கு அதிகப்பட்டோ, அல்லது குறைவடைந்தோ போகுங் காலத்தில் நாநாவிதங்களான வியாதிகளை கோஷ்டத்திலும், சாகைகளிலும், ஸந்தி, அஸ்தி, மர்மங்களிலும் உற்பத்திசெய்கின்றன.

அன்றியும், அஹிதாஹாரார்தி ஸேவனத்திற்குப் பிறகும், வாதாதி தோஷங்கள் விகாரத்தன்மையை யடைவதற்கு முந்தியும் முறையே சயாவஸ்தை, ஸாதாவஸ்தை என்கிற இரண்டு அவஸ்தா விசேஷங்கள் சரீரத்துக்குள் நிகழ்கின்றன. அதாவது, தோஷங்கள் விருத்தியடைவதற்குமுன் விருத்திக்கு வேண்டிய சாதனங்களைச் சேகரித்துக்கொள்ளும் நிலைமைக்கு சயம் என்றும் க்ஷீணத்திற்கு வேண்டிய சாதனங்களைச் சேகரித்துக்கொள்ளும் நிலைமைக்கு ஸாதாவஸ்தையென்றும் பொருள். இத்தகைய அவஸ்தாவிசேஷங்கள் நிகழ்ந்துகொண்டிருக்கும் தருணத்தில் இரஸாதி தாதுக்கள் க்லேதத்தன்மையை (அழுகக்கூடிய நிலைமையை)ப் பெறுகின்றன. இப்படிப்பட்ட க்லேதத்தன்மை கொஞ்சம் விருத்தியடையுமானால் அத்தாதுக்களில் இருபதுவகைப்பட்டதாயோ, ஸங்கியை யற்றதாயோ உள்ள ஜீவாணுக்கள் சிற்சில விஷயாதிகளில் உற்பத்தியாகின்றன. மேற்கூறிய கிரியைகள் முடிந்தபின் வாதாதி தோஷங்களும், தோஷாஸ்ரயங்களான இரஸாதி தாதுக்களும் விருத்தி க்ஷீணங்களிலொன்றைப்பெற்று ரூக்ஷ, தீக்ஷண, ஸ்நேஹாதிகளான தோஷக்குறிகளை முன்னிட்டுக்கொண்டு ஏகாவயவத்திலோ ஸர்வாவயவங்களிலோ நானாவிதமான

ரோகங்களை உற்பத்திசெய்கின்றனவென்பதை ப்ரத்யக்ஷானுமான ப்ரமாணங்களைக்கொண்டு நிரூபிக்கலாயிற்று. இதுதான் ஆயுர்வேத முறையின்படி வியாதி யுண்டாவதற்குக் காரண ஸம்பந்தமான கொள்கைகளாம்.

இவ்வாயுர்வேதக் கொள்கைகள் நவீன வைத்திய சாஸ்திரரீதியாய் இதுவரையில் ஆராய்ச்சிசெய்து கண்டுபிடிக்கப்பட்டதும், இனி கண்டுபிடிக்கப் போவதுமான எல்லாக் கொள்கைகளுக்கும் மேலான நிலைமையிலே நிற்குமென்பதை நிஷ்பக்ஷபாதியான எந்த மேதாவியும் ஒப்புக்கொள்ளாமலிருக்கமுடியாது.

கேள்வி 2.—(b) ஆயுர்வேத ஸித்தாந்தப்படி ரோக நிர்த்தாரணம் செய்வதில் மூன்று விதமான முறைகள் அநுஷ்டிக்கப்படுகின்றன. அவை, தர்சித்தல், ஸ்பர்சித்தல், வினவுதல் என்பனவாம்.

அவற்றுள் தர்சித்தலாவது.—மலம், மூத்திரம், நேத்திரம், சரீரம், இவைகளின் நிறம, வியாதி தோன்றியிருக்கும் காலத்தில் சரீரஸம்பந்தமான ப்ரதிச்சாயையில் காணக்கூடிய ஏற்றததாழ்வு முதலிய விக்ருதி லக்ஷணங்கள் ஆகிய இவைகளைக் கண்ணினால் பார்த்துத் தெரிந்துக்கொள்ளக்கூடிய குறிகளாம்.

ஸ்பர்சித்தலாவது.—அங்குஷ்டமூலம் முதலிய விடங்களில் இரத்த ஓட்டத்தில் தோன்றும நாடித்துடிப்பு, ப்லீஹம், யக்ருத்து, குன்மம், வித்ரதி, ஜ்வரரோகம் முதலிய இவைகளைக் கையினால் ஸ்பர்சித்து அறியத்தகக லக்ஷணங்களாம்.

வினவுதலாவது.—அருசி, சரீரத்தில் காணும் வலி, ஜீர்ணாஜீர்ண ஸ்வரூபம், ம்ருதுக் க்ரூரகோஷ்ட லக்ஷணம், நித்திரை, ஸ்வப்னத்தில் காணும் காக்ஷி, வியாதி உற்பத்தியான காலம் முதலிய இவைகளைக் கேட்டறியத்தக்கக் குறிகளாம்.

முற்கூறிய தர்சனாதி லக்ஷணங்களைக்கொண்டு வியாதிகளின் ஸ்வரூபத்தை அறிவது போல் நாடியின் ஸம்பந்தமான கதி விசேஷங்களைக்கொண்டும் தோஷங்களுடைய விருத்தி க்ஷீணங்களால் ஏற்படும் ரோகங்களை யறிவது சுதேச வைத்ய ஸம்ப்ரதாயங்களிலொன்றாயிருத்தலால் அதைப்பற்றிச் சிறிது ப்ரஸ்தாபிக்காமல் விடக்கூடவில்லை.

நாடிப் பரீக்ஷை.

நாடி விக்ஞான மென்பது இரத்தத்துடிப்பிலிருந்து தோஷ விக்ருதிளை யறிவதாம்.

ஹ்ருதயமென்னும் ஆசயத்தில் ஓர் பெரிய இரக்ததமனி உற்பத்தியாகி அது பல கிளைகளாய்ப் பிரிந்து சிரசுமுதல பாத பர்யந்தமுள்ள ப்ரதி பாகங்களிலும் ஊடுருவிச்சென்று ஆகார ரஸமான இரக்தத்தையூட்டி அவைகளை உஜ்ஜீவிக்கச்செய்ய அமைந்திருபபது போலவே கரங்களிலும் அமைக்கப்பட்டிருக்கிறது. இவ்வமைப்பில் ஸ்திரீகளுக்கு வலது கரத்தைக்காட்டிலும் இடது கரத்திலுள்ள இரக்ததமனி அதன் உத்பத்தி ஸ்தானத்திலேயே அளவில் சிறிது பருமனுயமைந்துபோனமைப்பற்றி ஸ்த்ரீகளுக்கு வலது கையைவிட இடது கரத்தில் நாடியின் கதி விசதமாய்க் காணுமென்பது சாஸ்திரத்துணிபு.

இனி கரத்தின் அங்குஷ்ட மூலத்திற் கடியில் ஒரு அங்குலத்திற்குமேல் தர்ஜனி (ஆள் காட்டி) மத்யமை (நடு) அநாமிகை (பவித்திர விரல்) என்னும் இம்மூன்று விரல்களின் நுணிகளை ஒழுங்காய் வைத்து அழுத்தி ஸ்பர்சித்துப்பார்ககும்போது அங்கு மூன்று விரல்களிலும் தனித்தனியாய் துடித்துக்கொண்டிருக்கும் இரக்த ஓட்டத்தின் கதி விசேஷத்தைக் கொண்டு தர்ஜனி விரலில் வாத கதியையும், நடுவிரலில் பித்த கதியையும், பவித்திர விரலில் சிலேஷ்ம கதியையும் அறியவேண்டும். இப்படி சலித்துக்கொண்டிருக்கும் இரக்தத் துடிப்பிலிருந்தே வாத பித்த கபங்களுடைய விருத்தி க்ஷீண ஸம்ஸர்க ஸன்னிபாதங்களாலுண்டான கோளாறுகளையும், ஆரோக்யா வஸ்தையையும் உணரவேண்டும்.

வாதம் விருத்தியடைந்தபோது தர்ஜனி விரலில் நாடியானது ஸர்ப்பம், அட்டை, மண்ணுளிப்பாமபு, இவைகளைப்போல் வளைந்து வளைந்து சீறி நடப்பதியல்பு.

பித்தம் விருத்தியடைந்தபோது நடுவிரலில் கோழி, தவளை, இவைகள் குதித்துக் குதித்து செல்லுவது போலும், சிலேஷ்மம் விருத்தி யடைந்தபோது பவித்திரவிரலில் மயில், ஆமை, ஹம்ஸம் இவைகளைப்போல் மெதுவாக அசைந்து அசைந்தும் நடப்பதியற்கை.

கடலை, காராமணி, கிழங்கு வகை, மொச்சை இதுபோன்ற குரு ருக்ஷாதி பதார்த்தங்களை விசேஷமாயுபயோகிப்பதால் அவை பக்குவமாகும்போது குடலில் அதிக காற்றையுண்டாக்கி வயிற்றுப்பொருமலையும், இரைச்சலையும் விருத்திசெய்து அபானமார்க்கத்தினாலும், ஏப்பத்தினாலும் வெளிப்பட்டதுபோக மிச்சப்பட்டவாயு உணவுப்பொருள் இரஸமாய மாறும்போது அதில் கலந்துகொண்டு ஹிருதயத்தையடைந்து, அவ்வாசயத்தின் ப்ரஸாரண (விரிதல்) ஆகுஞ்சன (குவிதல்) விராம (அசைவற்றிருத்தல்) மென்னும் க்ரியைகளினாலுண்டான ப்ராணவாயுவோடு சேர்ந்துகொண்டு அதிக பலம் பெற்றதாய் வேகத்துடன இரக்தாசயத்திலிருந்து வெளிப்பட்டு ஹஸ்தாங்குஷ்ட மூலத்தினடியில் வந்துகொணடிருககும் இரக்தமானது தர்ஜனி விரலில் ஸர்ப்பத்தைப்போல சீறி வளைந்து நகருவதாய்தோனறும. இவ்வுணர்ச்சி தர்ஜனியன்றி மற்றிரண்டு விரல்களிலுமறியற்பாலதெனினும் வேகத்துடன் வந்துகொண்டிருக்கும் இரக்த ஓட்டத்திற்கு தர்ஜநிஸ்தானம அந்த

மானதால் ஆணை போடப்பட்ட விடத்தில் ஜலௌகம்போல் அங்கு வியக்தமாய் அறிவிக்கும் தன்மையுடையது. ஆனது பற்றியே அதுவாத கதியைத்தெரிவிக்கும் ஸ்தானமென ஆயுர்வேத முணர்த்தியது. மற்றவையு மிதுபோலவேயாம்.

மூற்கூறியதுபோலவே உஷ்ணத்தை அதிகப்படுத்தக்கூடிய அன்னபானாதிகளால் இரக்தம் கொதிப்புண்டு தமனிக்குள் செல்லும்போது குக்குடம், மண்டூகம் இவைகள் ஓரிடத்திலிருந்து மற்றோரிடத்திற்குக் குதித்துச் செல்வதுபோன்ற இரக்தத்துடிப்பு மத்யம விரலில் காணப்படும். இரக்தம கொதிப்புண்டு தமனிக்குள் ஓடுங்காலத்தில் அவ்வேகம் நடுவிரலிலேயே மற்ற விடங்களைக்காட்டிலும் விசதமாய்க் காணுமாதலால் அது பித்த விருத்தியை அறிவிக்கும் ஸ்தானமாய்க்கொள்ளப்படுகிறது.

இதுபோலவே ஜலாம்சம் நிறம்பப்பெற்ற பானவகைகளை அதிகமாய் உபயோகிப்பதால் இரக்தத்தில் ஜலாம்சம் அதிகரித்து தமனிகளைத்தினைறும்படி நிரப்பிக்கொண்டு செல்லுங்கால் ஆமை, ஹம்ஸம், மயில் இவைகளைப்போல் ஆடியசைந்துகொண்டே மந்தமாய்ச் செல்லுவதை பவித்திரவிரல் உணரும். ஜலபாகம் நிறம்பப்பெற்ற இரக்தம் தமனிக்குள் செல்லும்போது அவ்வேகம் பவித்திர விரலில் வியக்தமாய்த் தோற்றுமாதலால் அது கபப்ரகோபத்தை போதிக்கும் ப்ரதேசமாகும்.

இப்படியே இரண்டுதோஷங்கள் ஸம்ஸர்க்கப்பட்டபோது அவற்றுள் ப்ரதானமாயுள்ள தோஷத்தின கதி அந்த தோஷத்தை விளக்கிக்காட்டக் கூடிய ஸ்தானத்தில் முதலிலும், அதற்கனுபந்தமான தோஷத்தின் கதி அதன் ஸ்தானத்தில பிறகும் விளக்கிக்காட்டுவதை யூகித்தரியவேண்டும். ஸமப்ரதான ஸம்ஸர்க்கத்தில அவ்விரண்டு தோஷ கதிகளும் அவைகளுக்கேற்பட்ட ஸ்தானத்திலேயே ஸமமாய் கதித்து நிற்கும்.

ஸந்நிபாதத்தில் நாடியின் துடிப்பானது படபடத்தும், சிதிலமாகவும், விட்டுவிட்டும், சூன்யமாகவும், ஸ்வஸ்தானத்தை யிழந்தும், முன்னும் பின்னுமாக மாறியும், நிர்ணயமற்று நடக்கும்.

வாதாதி தோஷங்கள் ஸமாவஸ்தையில் இருக்கும்போது மத்தகஜம்போல் கம்பீரமாய் ஸ்வஸ்தானத்தையிழக்காமல் அழுத்தமாய் மலர்ந்த முகத்துடன் ஒரேபடித்தாய், ஸிரையில் இரக்ததரங்கம் ஒன்றன்பின் ஒன்றாய் ஸமஸ்புரணத்துடன் சென்றுகொண்டிருக்கும்

வாதாதி தோஷங்கள் க்ஷீணமடைந்தபோது தோஷ வ்ருத்தியில் முன்கூறியுள்ள ஸ்தானாதிகளில் மாறுதல் சிறிதுமில்லை ; என்றாலும், நாடியின் துடிப்பில் மட்டும் ஸ்வல்ப வித்யாஸமுண்டு.

அதாவது, கராங்குஷ்ட மூலத்தின் ஸமீபத்தில் வாதாதி கதியை போதிக்கக்கூடிய விடத்திற்கு எவ்வளவு முந்தியே தமனிக்குள் செல்லும் இரக்தமானது கராங்குஷ்ட மூலத்தில் மோதுண்டு மீண்டும் இரக்தாசயத்தை நோக்கிப் பின்வாங்கிச்செல்ல முயலுவது போல் தயங்கி நிற்கும். அந்த அவஸரத்தில் வாதாதி தோஷங்களுக்குக் கூறியுள்ள ஸர்ப மண்டூக மயூராதிகதி விசேஷங்களை, தர்ஜன்யாதி அங்குலிகளில் தத்தம் ஸ்வரூபத்தை விளக்கிக்காட்டுவதேயாம்.

இதுவரையில் நாடியின் ஸாமான்ய லக்ஷணங்கள் எழுதப்பட்டன. இதனது விசேஷ லக்ஷணங்களைபற்றி எழுதப்புகின் ஒவ்வொரு அவயவத்திலும் தோன்றும் வியாதி லக்ஷணங்களைக் கண்டறிவதற்காக ஹஸ்த நாடியின் பூர்வ, பார்சுவ, ப்ருஷ்ட, மத்யங்களான பஞ்சகதிகளையும் பராமர்சனம் செய்யவேண்டிவரும். அப்படிக்கானல் விஷயம் வளருமென்றஞ்சி இதை முடித்துவிட்டோம்.

இப்படிப்பட்ட ஸ்தான விசேஷங்களைக்கொண்டு வியாதியின் ஸாமான்ய லக்ஷணங்களை யறிந்தபின் நிதானம், பூர்வரூபம், ரூபம், உபசயம், ஸம்ப்ராப்தி, ஆகிய பஞ்ச லக்ஷணங்களைக்கொண்டு வ்யாதியின் விசேஷ லக்ஷணங்களையும் அறியவேண்டும்.

அந்த பஞ்ச லக்ஷணங்களில் நிதானமென்பது வியாதிக்குக் காரணம் எனப்பொருள். ஆனால் நிதானாதி பஞ்சலக்ஷணங்களுக்கும் பொதுவாய் நிதானமென்கிற பெயருண்டு. வியாதிக்குக் காரணம் என்பதைக் குறிப்பிடும் இந்நிதானம் ஸந்நிக்ருஷ்ட நிதானமென்றும், விப்ரக்ருஷ்ட நிதானமென்றும் இரண்டு விதமாகப் பிரிக்கப்படும். ஸந்நிக்ருஷ்டமென்றால் ஸமீபித்தது, விப்ரக்ருஷ்டமென்றால் தூரத்திலிருப்பது எனப்பொருள். சரீரத்திலேயே வியாபித்துள்ள தோஷாதிகள் திடீரென்று கோளாறடைந்து வியாதியை யுண்டாக்குவதற்குக் காரணமாகத் தோன்றுவது ஸந்நிக்ருஷ்ட நிதானமாகும் அஹிதமான அன்னபானாதிகள் பரதமத்தில் சரீரத்தில் ப்ரவேசித்து பின்பு பரிபாக காலத்தில் வாதாதி தோஷங்களுக்கு விகாரத்தையுண்டாக்கி அவற்றின் மூலமாய் வியாதியைச்செய்வதற்குக் காரணமாய்த் தோன்றுவது விப்ரக்ருஷ்டநிதானமென்று கூறப்படும். சீக்கிரத்தில் ஜீரணமடையக்கூடாத ஆகாராதிகளை யுபயோகிக்க அதனால் ஆமதோஷமுண்டாகி அந்த ஆமதோஷத்தினால் ஜ்வராதி ரோகங்களுண்டாகக்கூடுமாதலால் அஜீரண முண்டாகக்கூடிய உணவுப்பொருள்கள் ஆமதோஷத்திற்கு ஸந்நிக்ருஷ்ட நிதானமாகவும், அதே உணவுப் பொருள்கள் ஜ்வராதிரோகங்களுக்கு விப்ரக்ருஷ்ட நிதானமாகவும் ஆகிறதென்பதேயாம்.

பூர்வரூபமென்பது.—உண்டாகப்போகிற வியாதியின் தன்மையை சூக்ஷ்மமாய்க் குறிப்பிடுவதாம். அதாவது, அதிஸாரமுண்டாகப்போகிற ஒருவனுக்கு வயிற்றில் வேதனை, பொருமல், இரைச்சல் முதலிய குறிகள் பூர்வரூபம் எனப்படும். ஒருவனுக்கு ஜ்வரம் வரப்போகிறதாயிருந்தால் அதற்குப் பூர்வத்தில் சரீரம் பாரமாயிருந்து இடுப்பு முதலிய விடங்களில் வலி, அருசி, கொட்டாவி, மயிர்க்கூச்சிவிடுதல் முதலிய இக்குறிகள் உண்டாகின்றன. இவைகள் ஜ்வரத்திற்குப் பூர்வ ரூபங்களாகும். இப்படியே அநந்த வியாதிகளுக்குத் தக்கபடி வெவ்வேறு விதமான பூர்வ ரூபங்கள் காணப்படும். இப்பூர்வ ரூபம் சாரீரமென்றும், மானஸிகமென்றும், இருவகைப்படும். ஜ்வரத்தில் அருசி முதலியன சரீரத்தைப்பற்றிய பூர்வ ரூபம். அதே ஜ்வரத்தில் மனக்கவலை, ஹிதமான வசனத்திலும் வெறுப்புமுதலியது மனதைப்பற்றிய பூர்வரூபமாம்.

ரூபமென்பது.—ஒவ்வொரு வியாதியிலும் இயற்கையாயேற்படும் லக்ஷணங்களாம். அதாவது, அருசி முதலியவை ஒருமிக்கச் சேருவதே ஜ்வரம். ஜ்வர காயாதிகளான பதினொரு லக்ஷணங்கள் ஒன்றுசேருவதே இராஜ்யக்ஷமாவென்னும் க்ஷயரோகம் என்பதாம்.

உபசயமென்பது.—ஔஷதாஹாராதிகளாலுண்டாகும் சுகானுபந்தமேயாம். என்றால், நிதானமெனப்படும் ரோக காரணத்திற்காவது, ரோகத்திற்காவது உபயோகிக்கக் கூடிய ஔஷதம், ஆஹாரம், விஹாரம் ஆகிய இவைகள் வியாதிக்கு சமனத்தைத்தருமோ அதே உபசயமெனப்படும். என்றால், வியாதி காரணத்திற்கு எதிரிடையான அல்லது வியாதிக்கே விபரீதமான ஔஷதான்ன விஹாராதிகளால் வியாதி பரிகாரமுண்டாவதேயாம்.

ஸம்ப்ராப்தியென்பது.—முதலில் வாதாதி தோஷங்கள் விகாரமடைந்த வகைகளையும் அதன்பின் அத்தோஷங்கள் சரீரத்தில் வியாபித்து வேலைசெய்கின்ற கிரமத்தையும்,* அறிவிக்கக்கூடியதாகும். இந்த ஸம்ப்ராப்தி லக்ஷணமானது ஸங்க்யை, விகல்பம், ப்ராதான்யம், பலம், காலம், என ஐந்துவகைப்படும். ப்ரமேகம் இருபது, ஜ்வரம் எட்டு, காஸம் ஐந்து என்று உபக்ரமித்து ஒவ்வொரு வியாதிகளின் உட்பிரிவுகளைப் பகுத்து அவற்றின் ஸங்க்யை (எண்)களைக் கூறுவது ஸங்க்யா ஸம்ப்ராப்தியென்றும், வாதாதி தோஷங்கள் தனித்தனியாகவோ, இரண்டிரண்டாகவோ, அல்லது மூன்றும் ஒருமிக்கச் சேர்ந்தோ நோயை உற்பத்திசெய்கையில் ஒவ்வொரு தோஷத்திற்குமுள்ள ஏற்றக்குறைவான அளவுகளைக் குறிப்பிட்டு அந்த தோஷங்களுக்குரிய இலகு ரூக்ஷாதி குணங்களில் தம் இயற்கையளவிலிருந்து எவ்வளவுமட்டில் கோளாறடைந்தனவென்பதை விளக்குவது விகல்ப ஸம்ப்ராப்தியென்றும், நோயகளை ஸ்வதந்த்ரம் பாதந்த்ரம் என இருவகையாகப் பிரித்து (தோஷப்ரகோபத்தாலுண்டான ரோகத்தை ஸ்வதந்த்ர வியாதியென்றும், அந்த ஸ்வதந்த்ர ரோகத்தையே காரணமாகக்கொண்டு உண்டான ரோகத்தை பாதந்த்ர அல்லது அப்ரதான வியாதியென்றும் விவரித்து)க் கூறுவது ப்ரதான ஸம்ப்ராப்தி என்றும், ஒவ்வொரு வியாதியின் காரணங்களும் பூர்வரூப, ரூபாதிகளும் பூரணமாகவிருந்து அந்த வியாதியும் அதிக பலம் பெற்றிருக்குமானால் அதை பல ஸம்ப்ராப்தியென்றும, அவற்றில் ஏதாகிலும் சில பாகங்கள் மாத்திரம் காணப்படும்போது அதை துர்பல ஸம்ப்ராப்தியென்றும், ஒரு வியாதி பகலிலோ, இரவிலோ, ஒவ்வொரு ருதுவிலோ, ஆஹாரம் உட்கொண்ட போதோ, உட்கொண்ட ஆஹாரம் ரூபாந்தரமடையும்போதோ, அல்லது ஒரு குறிப்பிட்ட காலத்திலோ அந்தந்த தோஷலக்ஷணங்களை முன்னிட்டுக்கொண்டு உபாதியைச் செய்வது கால ஸம்ப்ராப்தியென்றும் கூறப்படும். இந்த ஸம்ப்ராப்திக்கு ஆமதோஷத்துடன்கூடிய தோஷமானது ஆமாசயத்தையடைந்து அங்குள்ள அக்கினியைக் குறைத்து ஸ்ரோதோமார்க்கங்களைத் தகைந்து ஜ்வரத்தை உற்பத்திசெய்கிறது என்கிற வாக்கியத்தை ஓர் பொது திருஷ்டாந்தமாகக் கூறலாம்.

இதுவரையில் கூறிய ஸாதனங்களைக்கொண்டுமாத்திரம் வியாதி நிர்த்தாரணம் செய்யப்படுவதில்லை. அஷ்டஸ்தானபரீக்ஷை முதலிய இன்னும் பல ஸாதனங்களைக்கொண்டும் ரோக நிச்சயம் செய்யப்படுகிறது. ரோக நிர்தாரணம் செய்வது ஸம்பந்தமான ஸாதனங்களில் ஏதேனுமொரு ஸாதனத்தை ஆதாரமாகக்கொண்டு ஊகித்துப்பார்த்தாலே வியாதி நிச்சயக்ஞானமுண்டாய்விடுமானால் அதற்கேற்பட்ட ஸாதனங்களனைத்தையுமே ஒருமிக்கச் சேர்த்து ஒரு வியாதியில் பொருத்திப் பார்க்கும்போது எந்த வைத்யனுக்குத்தான் ரோக நிச்சயக்ஞானமேற்படாமற்போகும்?

இவ்வாறு நிதானாதி பஞ்ச லக்ஷணங்களும், தோஷ ஸ்வரூபங்களும், நாடிபரீக்ஷையும் ஆகிய இது முதலிய ஆயுர்வேத விதிகளை ரோக நிதானம் செய்வதில் முக்கியமாய் அனுஷ்டிக்கப்படும் முறைகளாகும். இந்தப்படி ரோகியையும், ரோகத்தையும் பரீக்ஷித்து வியாதி நிர்ணயம் செய்யவேண்டிய லக்ஷணங்கள் ஸங்க்ஷேபமாய் குறிப்பிடப்பட்டது. இது நிற்க,

பலநூற்றாண்டுகளுக்கு முன்பே த்வீபாந்தரத்திலிருந்து சக யவனாதி பலஜாதியார் இப்பரத பூமியிற் புகுந்து இங்குள்ள எண்ணிறைந்த வைத்திய நூல்களைத் திரட்டிக்கொண்டுபோய் பரிசீலனை செய்துபார்த்தபின் பல அம்சங்களில் அபூர்வமான வைத்ய க்ஞா

னத்தைப் பெற்றதாக தேச சரித்திரங்கள் கூறுவதைக்கூட மதிக்காமல் "தான் பிடித்த முயலுககு மூன்றேகால்" என்கிற கதைக்கொப்பாய் ஆயுர்வேதத்தை ஒரு ஒழுங்கான சாஸ்திரமாய்க் கருதக்கூடாதென்று வாய்க்கூசாமல் வஜ்ஜையைவிட்டு இச்சகம் பேசிக் கொண்டுளாவும் இக்கொடிய கலிகாலத்தில் அரசாங்கத்தாரின் ஆதரவைப்பெற்று அதனுல் எமது ஆயுர்வேத சிகித்ஸா ஸம்ப்ரதாயத்தை விருத்திக்குக் கொண்டுவந்து உன்னதபதவி யில் ஸ்தாபித்துவிடுவதென்பது முயற்கொம்பேயாம். மஹத்தான மகிமை வாய்ந்த இவ் வாயுர்வேத சிகிஸ்தா ஸம்ப்ரதாயத்தைப்பற்றி விஸ்தரித்துக் கூறுவது செவிடன் காதி லோதின மஹாமந்த்ரத்தைபபோல் யாதொரு பயனுமுண்டாகப்போவதில்லை என்று ஆம் எத்தனையோ ஆயிரக்கணக்கான வருஷங்கள் மரணத்திற்கு வசப்படாமல் ஜீவித்திருக் கும்படியான ஸாதனங்களையெல்லாம் கண்டுபிடித்து அதன்படி அநுஷ்டித்துப்பார்த்து சிரகால ஜீவிகளாய் வாழ்ந்துவந்த எமது பரதகண்டவாஸிகளான மகரிஷிகளுக்கு சிகித் ஸாஸம்பந்தமான சாஸ்திர ஆராய்ச்சியிலுள்ள அதிநுட்பமான அறிவாகிற சூரியப்ரகா சத்துக்கெதிரில் மினுமினுப்பூச்சிபோல அற்பபுத்தியுடைய யாம் சிறிது விளக்கத்துடங்கு கிறோம்.

ஒருவருக்குண்டான வியாதியை சிகித்ஸை செய்யத்துடங்குமுன் மேலே குறிப்பிடும் அம்சங்களை கவனமாய்ப் பார்த்துணர்ந்தபின் சிகித்ஸைக்கு ஆரம்பிக்கவேண்டும். அதா வது, ரோகியின் சரீரத்தில் எந்ததோஷம் விகாரத்தன்மையைப் பெற்றிருக்கிறது? அதற்கு முக்கிய காரணமென்ன? அந்த தோஷாஸ்ரீதமான இரஸாதி தாதுக்கள் எவ்வளவுமட்டில் கெடுதியை பெற்றுள்ளன? ரோகி வசிக்கும் பூபாகம் எத்தன்மையுடையது? இவன் எந்த ப்ரக்ருதியுடையவன் என்பவைகளையும் பிணியாளியின் வயது, சரீரவன்மை, வியாதி தோன்றிய காலவளவு, ரோகியின் மனப்போக்கு, ஆகாராதிகள் முதலியவைகளையும் தோ ஷத்தின் ஆமாதியவஸ்தைகளையும், ரோகம் சரீரஸம்பந்தமான எந்த அவயவத்தை அல்லது அவயவங்களைப் பற்றியிருக்கிறது என்பவைவற்றையும் பகுத்தறிந்து சோதன சமனுதி சிகித்சைகளுள் எதை உபயோகிக்கவேண்டுமென்கிற நிச்சய புத்தியுடன் எந்த வைத்தி யன் ரோகபரிகார மார்க்கத்தில் பிரவேசிக்கிறுரோ அவன் எப்படிப்பட்ட கடினமான நோயையும் தீர்க்க சமர்த்தனுவானென்பதே.

ஆயுர்வேத விதிப்படி அனுஷ்டிக்கப்படும் சிகித்ஸாகிரமங்கள் ஏனைய சிகித்ஸைகளைப் போலின்றி ஆரம்பத்திலேயே பிணியாளியின் மனதிற்கு உற்சாகத்தைத்தரும் சிகித்ஸை செய்யத்துடங்கும்போதே ஆசுகாரியாதலால் அவனுக்கு உடனே சுகத்தைத் தருவதாகும். அத்தகைய சிகித்ஸாக்கிரமங்கள் ஹேது விபரீதம், வியாதி விபரீதம், ஹேது வ்யாதி விப ரீதம், ததர்த்தகாரி என்னும் பலவகைகளாகப் பகுக்கப்பட்டிருக்கின்றன. அவற்றுள்,

ஹேது விபரீத சிகித்ஸையென்பது.—முதலில் ரோகமுண்டாவதற்கு எது காரண மாயிருந்ததோ அதற்கு நேர் எதிரிடையான குணங்களைப்பெற்ற ஔஷதம், ஆகாரம், விகாரம் (exercise), ஆகிய இவைகளை உபயோகித்து வியாதியை சமனப்படுத்துவதே யாம். என்றால், ஸந்தர்ப்பணமென்கிற காரணத்தை முன்னிட்டுக்கொண்டு தோன்றிய ஆம, (அபக்வ) தோஷத்தை அந்த ஸந்தர்ப்பணத்திற்கு நேர் எதிரிடையான அபதர்ப்பண மெனப்படும் லங்கனரூபமான ஔஷதாஹாராதிகளை உபயோகிப்பதும், இப்படியே சீதகாரணத்தாலுண்டான ரோகத்தை அதற்கு எதிரிடையான உஷ்ண குணம்பெற்ற ஔஷதாதாகாராதிகளை ஸேவிக்கச் செய்வதும், பகல் நித்திரையால் விருத்தியடைந்த கபத் தை அதற்கு எதிரிடையான இரவில் கண்விழிக்கச்செய்வதுமே ஹேது விபரீத சிகித்ஸை யாகும்.

முற்கூறிய விதிப்படி அந்த ஹேதுவிற்கு தக்கவாறு ஹேது விபரீத சிகித்ஸைசெய் தும் வியாதி வசப்படாமற்போகுமானால் அச்சம்பிரதாயத்தைவிட்டு வியாதி விபரீதமென் கிற சிகித்ஸாமுறையை அனுஷ்டிக்கவேண்டும். இது முற்கூறிய ஹேது விபரீத சிகித் ஸையைவிட கொஞ்சம் மேலானது.

வியாதி விபரீதமாவது.—எந்த ஔஷதாதாகார விகாரங்களைச் சரீரத்தில் உபயோகிக் கும்போது ரோகமெக்காரணத்தினாலுண்டானபோதிலும் அது ஒன்றையுமே எதிர்பாரா மல் தனது பிரபாவத்தால் வியாதியை நசிக்கச்செய்யுமோ அதுவே வியாதி விபரீத சிகித் ஸையாம். என்றால், அதிசாரம் என்கிற நோயில் வட்டத்திருப்பி முதலிய திரவியங்கள் ரஸ வீரியாதிகள் எவ்வாறிருப்பினும் தனது சக்தியினால் அவ்வதிஸார நோய்க்கு எதிரிடை யாயிருந்து அதைப் போக்குகிறது. இதுபோலவே காட்டுவாகை விஷவேகத்தையும், கருங்காலி குஷ்டத்தையும், அப்ரகம், மஞ்சள் பிரமேகத்தையும், குணப்படுத்துகிறது. இதுவே வியாதி விபரீதசிகித்ஸையின் கொள்கையாம்.

வியாதி விபரீத சிகித்ஸை செய்தும் குணமுண்டாகாமற்போனால் அதையும் பரிகரித் துவிட்டு ஹேது வ்யாதி விபரீதம் என்னும் சிகித்ஸையைச்செய்ய துணியவேண்டும். இது முற்கூறிய வியாதி விபரீத சிகித்ஸையிலும் மேலானபயன் தரக்கூடியது.

ஹேதுவ்யாதி விபரீதமென்பது வியாதிக்குக் காரணமான தோஷவிக்ருதிக்கும் அத னுலுண்டான ரோகத்திற்கும், ஒருங்கே, எதிரிடையாயிருந்து நிவர்த்தி செய்யும் ஔஷ தாதிகளேயாகும். அதாவது, வாத விகாரத்தால் சரீரத்தில் தோன்றிய வீக்கத்தில் தச

மூலம், அந்த தோஷ வியாதிகளிரண்டிற்கும் விபரீதமாயிருந்து அவ்வீக்கத்தையும் அவ்வீக்கத்திற்கு ஹேதுவாயிருந்த வாயுவையும் சமனப்படுத்துகிறது. அதுபோலவே வாத, கப ஸம்பந்தமான க்ரஹணியில் தக்ரம் (மோர்) ஹேதுவ்யாதிகளுக்கு எதிரிடையாயிருந்து அவ்விரண்டையும் பரிகரிக்கிறது. இக்கொள்கையே ஹேதுவ்யாதி விபரீத சிகித்ஸையாம். இந்தப்படி ஹேதுவ்யாதி விபரீத சிகித்ஸை செய்வதால் சரியான பிரதி ப்ரயோசனமுண்டாகாமற் போகுமானால் அதை நிவர்த்திக்கவிட்டு பின்னர் ததர்த்தகாரி என்னும் சிகித்ஸா முறையைக் கையாளவேண்டும்.

ததர்த்தகாரியென்பது.—ஹேது முதலியவற்றின் விபரீத சிகித்ஸைகளுக்கும் வசப்படாமல் பிடித்துக்கொண்டிருக்கிற வியாதியை கண்டிக்க, அதனை உற்பத்தி செய்யக்கூடிய ஔஷதாதாகாராதிகளை ஸேவிக்கச்செய்து அந்த ரோகத்தை நிக்ரகித்தல் ஆகும். உதாரணமாக, பித்தப் பிரகோபத்தால் ஜனித்த விரண ஸம்பந்தமான வீக்கத்தில் அப்பித்தத்தையே ப்ரகோபிக்கச்செய்யும் சூடான ஒத்தடம் முதலியதைக் கொடுத்தலும் வாந்தியில், வாந்தியையுண்டாக்கும் மதனபல பிரதானமான ஔஷதத்தையுபயோகித்தலும் அதிசாரத்தில் விரேசனத் திரவியத்தைத் தருதலும் விஷத்தில் விஷத்தின் குகபீஜத்தை (எட்டிக்கொட்டை) உபயோகிப்பதுமே ததர்த்தகாரி சிகித்ஸையின் கருத்தாம்.

முற்கூறிய ஹேது விபரீதாதி சிகித்ஸாக் கிரமங்களில் எது ரோக பரிகாரமார்க்கத்தைத் தருமென்று நிதானித்துச் செய்து பார்த்தும் ஆரோக்கிய ஸ்திதி ஏற்படாமற் போகுமானால் உடனே காலத்தை வீணாக்காமல் பஞ்சகர்மம் மென வழங்கப்படும். ஸ்நேக, ஸ்வேத, வமன, விரேசன, ஆஸ்தாபன, அனுவாஸன, நஸ்யம் முதலிய கிரியைகளை கிரமமாய நிறைவேற்றவேண்டியது கடமை. இச்சோதனை சிகித்தை கிரமப்படி செய்து நிறைவேற்றப்படுமாயின் துஸ்ஸாத்தியமான ரோகமொன்றிருப்பதாய் எண்ண முடியாது. (பஞ்சகர்மங்களென்றால் ஸ்னேக, ஸ்வேதங்களை முன்னிட்டு செய்யப்படும். வமன, விரேசன, நிருக, நஸ்ய, ரக்த, மோக்ஷணங்களான ஐந்து வகைப்பட்ட கிரியைகளைக் குறிப்பதாகும்). இதைப்பற்றி சரக, வாகபட, சுஸ்ருதாதி கிரந்தங்களில் பல பிரிவுகளாக விவரித்துள்ள விஷயங்களை தனித்தனி எடுத்தெழுதுவதென்றால் விஷயம் வளரும். இஷ்டமிருந்தால் அவைகளைப் பார்த்து தெரிந்துகொள்ளலாம். ரோக நிதானம் செய்வதிலும், அவைகளுக்கு சிகித்ஸை செய்வதிலும் சரகாதி கிரந்தங்களிலும் அவைகளுக்கு அங்கமாயுள்ள ரஸாத்ன ஸமுச்சயம், பைஷஜ்யரத்னாவளி, யோகரத்னாகரம், வைத்யசிந்தாமணி முதலிய கிரந்தங்களிலும் ப்ரதி பாதிக்கப்பட்ட நியமப்படி அநுஸரிக்கப்படுகிறது.

அன்றியும் மூடகர்ப்பம், அதிமந்தம், வித்ரதி, நாடீவ்ரணம், நிருத்த ப்கசம், பகந்தர முதலிய சில ரோகங்கள் ஔஷத ஸாத்தியமாகாதபோது சஸ்திர ஸஹாயத்தைக்கொண்டு நிவாரணம் செய்யவேண்டியது அவசியம். இதைப்பற்றி ஸுஸ்ருதாதி க்ரந்தங்களில் சஸ்திர ப்ரயோகம் செய்யவேண்டியதெப்படி? அதற்குப் பூர்வத்தில் செய்யவேண்டிய கிரியைகளெவை? அவற்றில் ப்ரதான கர்மமெது? பிறகு செய்யவேண்டியவைகளெவை? இடத்திற்குத் தக்கபடி யந்தர சஸ்த்ரங்கள் ப்ரயோகிக்கவேண்டிய விதிகளெவை? சஸ்திர கர்மமெத்தனை விதம்? பந்தன க்ஷலணங்களெவை? எவ்வாறு மூக்குக் காது முதலிய விடங்களில் கபோலாதி ஸ்தானங்களிலிருந்து மாம்ஸங்களைச் சேகித்தெடுத்து அமைப்பது? மூடகர்ப்பத்தை யந்திர சஸ்திரங்களைக்கொண்டோ, அவையில்லாமலேயோ எப்படி வெளிப்படுத்தவேண்டும்? திமிரம், அதிமந்தம் முதலிய நேத்திர வியாதியில் எப்படி சஸ்திர ப்ரயோகம் செய்யவேண்டும்; எந்த எந்த வியாதியில் எந்த எந்த ஸ்தானத்தில் ரக்த மோக்ஷணம் செய்யவேண்டும்? எந்த எந்த வியாதி அக்கிகர்ம யோக்கியமானது ஆகிய இது முதலிய சஸ்திர ப்ரதானமான பல அம்சங்களை ஸாங்கமாய் விளக்கப்பட்டிருக்கின்றன. இதன்றியும், நிமி, காங்காயனர், பத்ரசௌனகர், ஹிரண்யாக்ஷன், கச்யபர், போஜன் முதலியவர்களால் செய்யப்பட்ட தந்திரங்களிலும் சஸ்திர, சாலாக்ய, காய சிகித்ஸை, பூதவித்யை, சிசு ஸம்ரக்ஷணம், விஷ சிகித்ஸை, ரஸாயனம், வாஜீகரணம் எனப்படும் அஷ்டாங்க சிகித்ஸைகளைப்பற்றி விஸ்தரித்திருக்கிறார்கள். நிற்க,

விதேச வைத்தியம் செய்துகொள்ளப் போதுமான திரவிய பலம் பெறாதவர்களும், விதேச வைத்தியர்களால் வெறுத்துத் தள்ளப்பட்டவர்களுமான ரோகிகளே பெரும்பாலும் ஆயுர்வேத யூனானி வைத்யர்களிடம் சென்று ஔஷத ஸேவனம் செய்கிறவர்களாயிருப்பார்கள். அப்படிச் செல்லுகிறவர்கள் அநேகமாய் குணப்பட்டும் வருகிறார்களென்பது யாவருமுணர்ந்த விஷயம். ஆனால் இவர்களுடைய பெயர், ஜாதி, சிகித்ஸை, முதலிய விவரங்களடங்கிய புத்தகம் ஆயுர்வேத தர்ம வைத்யசாலையில் தவிர மற்ற ஆயுர்வேத யூனானி வைத்திய சிகித்ஸகர்களிடம் அத்தகைய குறிப்புகள் அநேகமாய் வைக்கப்படுகிறதில்லை. அதனால் யாதொரு பயனுமில்லையென்பது அவர்கள் கருத்தாகும். அதனால் ஒரு வித ப்ரயோஜனமுண்டாகுமென்று தெரிந்திருந்தால் அப்படிப்பட்ட குறிப்புப் புத்தகமிருந்திருக்கும்.

(c) கமிட்டியாரால் சுதேச முறைப்படி அனுசரிக்கப்படும் வைத்ய சிகித்ஸையால் மற்ற சிகித்ஸையைக் காட்டிலும் அதிக ப்ரயோஜனமுண்டென்பதை நிரூபிக்கத்தக்க ஆதாரமுண்டாவென கேட்கப்படுகிறது. இது மற்ற சிகித்ஸையைக் காட்டிலும் எத்தனையோ மடங்கு மேலானது என்பதை ப்ரத்யக்ஷமாய் நிரூபித்துக் காட்டுவதற்குப் போது

மான செளகரியங்கள் அமைத்துத் தரமுடியுமாவென்கிற எதிர்க் கேள்வியை கமிட்டியாரை நாம் கேழ்கிறோம். முடியுமென்றால் இதுவும் முடியுமென்பதிற்றடையென்ன ? அப்படிப்பட்ட விசேஷ ப்ரயோஜனத்தைத் தருவதற்கு நமது முன்னோர்களால் சிகித்ஸைகளுக்காக கண்டுபிடிக்கப்பட்ட அசிந்த்யப்ரபாவமடங்கிய கல்க, கஷாய, க்ருத, தைல, லேஹ்ய, ஆஸவ, அரிஷ்ட, பஸ்ம, க்ஷார, ஸிந்தூராதிகளேயாம். விசேஷ வீர்யம் வாய்ந்த இப்படிப்பட்ட ஔஷதங்களை ப்ரயோகிப்பதற்குப் பூர்வாங்கமாகச் செய்யப்படும் ஸ்நேக ஸ்வேதவமாதி கர்மங்களினாலேயே வியாதி மூலோன் மூலனம் செய்யப்படுகிறதென்றால் இவ்வௌஷத ப்ரயோகமும் சேர்ந்துவிட்டால் மற்றதைப்பற்றி நாம் சொல்லவேண்டியதென்னவிருக்கிறது.

கேள்வி 3.—(a) சென்னை ஆயுர்வேத கலாசாலை வைத்திய வித்யா போதகர்களில் ஒருவனாயும், எல்லா இந்திய ஆயுர்வேத வித்வத் பரீக்ஷகர்களிலொருவனாயும், ஆயுர்வேத மகாமண்டலியினங்கத்தினரிலொருவனாயும் இருந்துவருகிறேன்.

(b) (1) நானாரூபங்களான ஆயுர்வேத சிகித்ஸா க்ரமங்களுக்குள் சமனரூபமான சிகித்ஸை மாத்திரம் பெறுவதற்கான ஸெளகரியம் யதாசக்தி செய்யப்பட்டிருப்பதாய்த் தான் சொல்லமுடியும்.

(2) வைத்ய கல்வி கற்பதற்கு சென்னை ஆயுர்வேத கலாசாலை சரியான ஸ்தானத்தைப் பெற்றிருப்பதாய் சொல்லமுடியாதுதான். இன்னாட்டில் எல்லா செளகரியங்களும் நிறையப்பெற்ற ஒரு வைத்ய கலாசாலை கூடயிருப்பதாக எண்ணமுடியாது. நமது பரதபூமி இன்னிலமைக்கு வந்திருக்கும்போது "விருக்ஷமில்லாத ஊருக்கு எரண்ட (ஆமணக்கு) மும் விருக்ஷமாய்ப்போகிறது" என்கிற நியாயத்தை யநுசரித்து இந்த வைத்ய வித்யா ஸ்தானம் விளங்கிக்கொண்டிருக்கிறது.

அந்த வித்தியா ஸ்தானத்திலும் அதை யநுஸரித்த சிகித்ஸாலயத்திலுமுள்ள குறைகளைப்பற்றி அந்த ஸ்தாபனங்களின் தலைவர்களைக் கேட்டறிந்து அவர்கள் ஸம்மதத்தை யனுஸரித்துக் தக்க பரிகாரம் செய்வதுதான் சிறந்தமார்க்கம்.

(c) ஆயுர்வேத ஸ்தாபனங்களிலுள்ள குறைகளை நிவ்ருத்தி செய்யவேணுமென்கிற நோக்கமுண்மையிலிருக்குமானால் தற்காலம் அரசாங்கத்தாரால் போஷிக்கபபட்டுவரும் நமது ஆங்கில வைத்ய ஸ்தாபனங்களுக்குச் செலவாகும் தனத்திலொரு அம்சம் ஆயுர்வேத ஸ்தாபனத்திற்காகவும், செலவிடத்துடங்கிவிட்டால் இது மஹோன்னத ஸ்திதிக்கு வந்துவிடுவதுமன்றி சுவல்பகாலத்திற்குள்ளாகவே நமது ஆயுர்வேதம் தேசமெங்கும் வியாபித்து விடும்

கேள்வி 4.—(a) ஆயுர்வேதத்தில் பூரணமான வைத்யப்பயிற்சி பெறுவதற்காக—

(1) காலவசத்தால் பல காரணங்களை முன்னிட்டு ஆயுர்வேத சிகிச்சையில் அப்யாசத்திலில்லாமல் மலினுவஸ்தையை யடைந்திருக்கும் சல்ய தந்த்ரத்தில் அப்யாஸ த்வாராய்; ஹஸ்த கௌசலமுண்டாவதற்காக அது ஸம்பந்தமான அம்சங்களை ப்ரத்யக்ஷமாய் காட்டிக் கொடுக்கக்கூடிய யோக்யதை வாய்ந்த ஓர் உபாத்யாயரின் மேல்விசாரணையின் கீழ் ஆயுர்வேத வித்யார்த்திகளை விட்டுவைப்பதிலும்,

(2) and (3) சல்ய சம்பந்தமான அம்சங்களைத்தான் சொந்தமாய் ஆராய்ச்சி செய்து கொண்டுபோகப் போதுமான அவகாச மேற்படுத்தித் தருவதிலும், சரியான ஏற்பாடுகள் செய்யப்படவேண்டுமென்பதுதான் எங்கள் கோரிக்கை. இதை யாராகிலும் மறுப்பார்களானால் அது அதிசயிக்கத்தக்கவைகளிலொன்றாகும்.

இந்த லக்ஷயம் கைகூடும்படியான ஏற்பாடுகள் ஒன்றுமே செய்யப்படாமலிருக்க இந்த லக்ஷியம் இந்த ராஜதானியிலாவது வேறு எந்த ராஜதானியிலாவது கைகூடி யிருப்பதாக எப்படிச் சொல்லமுடியும்.

4. (b) நமது மந்திரிகள் வசம் ரக்ஷணைக்காக பரீக்ஷார்த்தம் விடப்பட்டிருக்கும் அம்சங்களில் இதுவு மொன்றா யிருத்தலால் இப்படிப்பட்ட காலத்தில் நாம் கேட்பது மிதமிஞ்சி உயர்வாயிருக்குமென்று எண்ண மனம் இடந்தரவில்லை.

(1) ஆயுர்வேத விதிப்படி சோதனை, சிகித்ஸா க்ரமங்கள் ஆங்கில வைத்யசாலைகளில் நடைபெறுவதுபோன்ற பல வைத்ய ஸ்தாபனங்கள் நமது நாட்டில் அமைக்கப்படவேண்டும்.

(2) இந்நோக்கம் நிறைவேறுவதற்காக இச்சென்னையில் சில வருஷங்களாக நடைபெற்றுவரும் வைத்யசாலைகளும், வைத்ய வித்யாலயங்களும் லோபமன்னியில் சாசுவதமாய் எப்போதும் நடந்துகொண்டிருப்பதற்காகத் தேவையான மூலதனத்தை வருமானமுள்ள இனங்களில் போட்டு அவ்வருமானத்திலிருந்து செலவு செய்து நடத்திக்கொண்டு போகும்படி ஒரு ஸமிதி வசம் விடப்படுமானால் வருஷ ப்ரதி வருஷம் அரசாங்கத்தாரை சுதேச வைத்யாபிவிருத்திக்காக நிர்பந்திக்கவேண்டிய அம்சம் இல்லாமற்போய்விடும்.

இதைப்போலவே ஒவ்வொரு தாலூகாவிலும் ஜன ஸங்க்யை அதிகப்பட்டவிடத்திலும் ஆயுர்வேத வைத்யசாலைகள் ஸ்தாபிக்கப்படவேண்டுமென்பதை கமிட்டியார் மறந்து

விடக்கூடாது. இதற்கேற்படும் செலவுக்குத் தக்கபடி நமது தேசத்திய ப்ராசீன ஸம்ப்ரதாயத்தை யநுஸரித்து அத்தாலூகாவிலடங்கிய ஒரு க்ராமத்தின் வருமானத்தை விநியோகித்துக் கொள்ளும்படி விட்டுவிடவேண்டும். இந்நோக்கத்துடன் கமிட்டியார் தக்க முயற்சி யெடுத்துக் கொண்டு வேலை செய்யவேண்டும். இது பலமாய்விட்டால் நமது சுதேசவைத்யம் மேலான நிலைமைக்கு வந்துவிடுமென்பதைச் சொல்லத்தேவையில்லை.

கேள்வி 5.—கல்கத்தா ஸர்வகலாசாலை விசாரணைக் கமிட்டியாரின் அபிப்ராயப்படி ஆயுர்வேதத்தையும் ஆங்கில வைத்யத்தையும் ஒன்றாய்ச் சேர்த்து தேச முழுவதும் ஒரே வைத்யமாய் செய்து விடுவதென்பது எப்படி ஸாத்யமாகும்? ரோக நிவாரணம் செய்வதென்கிற கொள்கைமாத்திரம் இவ்விரண்டு வைத்யத்திற்கு மொன்றாயமையுமேயன்றி அக்கொள்கையை நிறைவேற்றுவதற்காக அநுஷ்டிக்கப்படும் சிகித்ஸா க்ரமங்கள் பரஸ்பரம் ஸம்பந்தமில்லாமற்போகுமென்பதை ஷை ஸர்வகலாசாலை விசாரணை கமிட்டியார் கொஞ்சமும் யோசிக்காமற்போனதைப்பற்றிச் சாலவும் வருந்துகிறேன். ஆயுர்வேத சிகித்ஸா க்ரமம் த்ரிதோஷத்தை முன்னிட்டு ப்ரவ்ருத்தித்தாகும். ஆங்கில சிகித்ஸைக்கோ அத்தகைய நியமமில்லை. ஆயுர்வேத சிகித்ஸையில் வாதப்ரதானமான ஜ்வராதி எந்த வியாதியிலும் அந்த வாத தோஷத்தை விருத்திசெய்யு மியல்புவாய்ந்த கடு திக்த கஷாய ரஸங்கள் நிறைந்த எந்த ஔஷதமும் உபயோகிப்பதில்லை. ஆங்கில சிகித்ஸா ஸம்ப்ரதாயத்திலோவெனில் வாதப்ரதானமான ஜ்வராதிகளிலும்கூட திக்த கஷாய ரஸ ப்ரதானமான ஔஷதங்கள் தங்குதடையின்றி உபயோகப்பட்டு வருகின்றன. அவை வாத ஜமான ஜ்வராதிகளிலும் மற்றும் பலமார்க்கங்களிலும் பயனபடுவதில்லையென்பதை இதுவரையிலும் அறிந்துகொள்ளாமலே உபயோகித்து வருவதை ப்ரத்யக்ஷத்தில் பார்த்துக்கொண்டிருக்கிறோம். ஆகையால் இவ்விரண்டு வைத்யங்களையும் ஒன்றுபடுத்திவிடுவதால் இவ்விரண்டிற்குமுள்ள மகிமைபோய்விடுமென்பதில் ஐயமில்லை. இவ்விரண்டு முறைகளையும் ஒன்று சேர்ப்பதற்காக கமிட்டியார் யாதொரு முயற்சியும் எடுத்துக்கொள்ளாமலிருப்பதே ஆயுர்வேதத்திற்கு செய்யும் பேருதவிகளில் ஒன்றாகும்.

கேள்வி 6.—(a), (b) and (c) ஆயுர்வேத பாட க்ரமங்களில் ப்ரக்ருதி சாஸ்திர முதலிய நவீன சாஸ்திரக் கொள்கைகளைக் கற்பிக்கும்படி செய்யவேண்டிய அவசியம் கொஞ்சமுமில்லை. இப்படிச் செய்வதால் தற்காலம் ஆயுர்வேதாப்யாஸத்திற்காக ஏற்படுத்தியிருக்கும் கால அளவை நீடிக்கச் செய்வதில் மாத்திரம் ஸமர்த்தமாகுமேயன்றி ஆயுர்வேத க்யானத்தை விருத்தி செய்வதில் ஸமர்த்தமாகமாட்டாது, என்றாலும் தற்காலம் மலினப்பட்டிருக்கும் சல்ய சாலாக்யங்களைப் பரிஷ்காரப்படுத்திக்கொள்வதற்காக நவீன சாஸ்திர ரீதியாய் சல்ய க்ஞாநோபாயங்கள் ஸுஸ்ருத ஸம்ஹிதையில் உப ப்ரும்ஹணங்களாகச் சேர்க்கப்படவேண்டுமென்பதை கமிட்டியார் ஞாபகத்தில் வைத்துக்கொள்ளவேண்டுமென்பதை மீண்டும் வற்புறுத்துகிறோம். மற்றப்படி பாட க்ரமங்களும், பரீக்ஷைகளும், பரீக்ஷையில் உத்தீர்ணரானவர்களுக்களிக்கப்படும் உபதான (பட்ட)ங்களும் ஆயுர்வேத மஹாமண்டலி நியமாவளிப்படி அநுஷ்டிக்கப்படவேண்டும்.

கேள்வி 7.—(a) and (b) ஆயுர்வேத வைத்யர்கள் தமது பெயர்களைப் பதிவுசெய்து கொள்வதால் மிகச்சுவல்ப ஸௌகரியமும் சொல்லத் திறமில்லாத பல அஸௌகரியங்களுமிருப்பதால் ஆயுர்வேத ஸமிதிவசம் இவ்வம்சம் ஸர்வாதிகாரத்துடன் விடப்பட்டாலன்றி ஸர்வதா அங்கீகரிக்கப்படமாட்டாதென்பதை அதிகத் துயரத்துடன் அறிவிக்கலாயிற்று.

கேள்வி 8.—மேனாட்டு வைத்ய சிகித்ஸைக்கு விசேஷ ப்ரயோஜன மளிக்கக்கூடிய நமது பரத தேசத்திலுற்பத்தியாகும் ஓஷதிகளை இங்கிருந்து கப்பலேற்றி த்வீபாந்தரத்தில் சேர்த்து ரூபாந்தரப்படுத்தி மீண்டும் ஸ்வர்ணநதராக மாற்ற இங்கு கொண்டுவந்து சேர்ப்பதற்காகச் செய்யப்படும் செலவுகள் நமது ஆயுர்வேதௌஷதங்களுக்குத் தேவையில்லை. (1) இப்படி விதேசத்தில் செய்யப்பட்ட ஔஷதங்களைச் செலவிடுவதற்காக நூற்றுக் கணக்கான விதேச வைத்ய நிபுணர்களை ஆயிரக்கணக்கான வேதனங்கள் கொடுத்தமைக்கவேண்டிய அவசியமுமேயில்லை. (2) ஆயுர்வேத வித்யாலயத்திற்கும், வைத்யாலயத்திறகும், மேனாட்டுச் சாலைகளுக்காக, லக்ஷக்கணக்கில் செலவிட்டு கட்டப்பட்ட கட்டடங்களில்லாமலே கார்ய சித்தி உண்டாய்விடும். (3) அக்கட்டடத்தின் ஸௌத சிகா ப்ராந்தத்தில் அங்குமிங்கும் ஸோல்லாஸமாய் உலாத்திக்கொண்டிருப்பதற்காகப் பல பரிசாரக ஸ்திரீபுருஷர்களை அமிதமாய் நியமிக்கும்படியான அவசியமிராது. (4) மேனாட்டு வைத்யாலயத்திற்கு இவ்வளவு ஆடம்பரங்களிருந்தும் ஆயுர்வேத வைத்யர் ஒருவர் செய்யும் வேலையைப் பல ஆங்கில வைத்ய சிகாமணிகள் தம் பரிவாரங்களுடன் சேர்ந்தும் செய்யமுடியாது. இவ்வளவுக்கும் ஔஷத நிர்மாண வேலை இவ்வைத்திய சிரேஷ்டர்களுக்கில்லை. திருஷ்டாந்தமாக, சென்னை திருவல்லிக்கேணி கலவல கண்ணன் செட்டியார் அவர்களுடைய தர்ம வைத்யசாலையிலும், ரூளை செங்கல்வராய நாயகர் அவர்களுடைய தர்ம வைத்யசாலையிலும் இவ்விரண்டு சாலைகளிலும் சேர்ந்து சராசரி தினம் 650 ரோகிகளுக்குக் குறையாமல் வந்து ஔஷதம் பெற்றுக்கொண்டுபோகிறார்கள். இந்த ஒவ்வொரு வைத்யசாலைக்கும் இரண்டிரண்டு வைத்யர்கள்தான் நியமிக்கப்பட்டிருக்கிறார்கள். இவர்களேதான் வைத்யசாலைக்குத் தேவையான ஔஷதங்களை இரண்டு பரிசாரகர்களுடைய ஸஹாயத்தை முன்னிட்டு அப்போதைக்கப்போது நிர்மித்துக்கொள்ளுகிறார்கள். இவ்விரண்டு சாலைகளுக்கும் சேர்ந்து மாத மொன்றுக்கு 1,000 ரூபாய்க்குமேல் செலவிடப்படுகிறதில்லை. இக் கணக்கு விவரத்தை

ஆதாரமாக வைத்துக்கொண்டு சென்னை ஜனரல் ஆஸ்பத்திரி முதலிய மேனாட்டு வைத்யசாலைக்கு தினசரி எத்தனை வியாதி பீடிதர்கள் வருகிறார்கள்? அதற்காக மாதா மாதம் எவ்வளவு தனம் செலவிடப்படுகிறது என்பதை கமிட்டியாரே நேரில் விசாரணை செய்து இவ்விரண்டு வைத்யத்திற்கும் ஏற்படும் செலவின் தாரதம்யத்தைத் தெரிந்து கொள்ளுமாறு வேண்டுகிறோம்.

கேள்வி 9.—அரசாங்கத்தார் தமது தேச வைத்யத்தைத் தங்களுடைய நன்மையைக் கருதி ரக்ஷித்துவருவதுபோல இப்பாரத பூமிக்கென்று நிர்ணயிக்கப்பட்ட ஆயுர்வேத யூனானி வைத்யங்களை ஆதரிக்காமல் விட்டதாலிது கேவல நிலைமைக்கு வந்து விட்டது. ஆயுர்வேத யூனானி வைத்யங்களைக்காட்டிலும் மேனாட்டு வைத்யம் எந்த விதத்திலும் மேம்பட்டிருப்பதாய் காலத்ரயத்திலும் சொல்லமுடியாது. அப்படிப்பட்ட சுதேச வைத்யத்தைப் புனருத்தாரணம் செய்வதற்கான மார்க்கங்கள் முன்னமேயே விளக்கிவிடப்பட்டன. ஸமயம் நேர்ந்தபோது நமது தேச வைத்ய ப்ரபாவத்தை ப்ரத்யக்ஷமாய் உலகத்தார் பார்த்து ஆச்சரியப்படும்படிச் செய்யவும்கூடும். சுதேச வைத்ய க்ரமங்கள் ஹீன ஸ்திதிக்கு வந்ததற்கு காரணம அரசாங்கத்தாருடைய கவனக்குறைவைத் தவிர்த்து. வேறு எதைத்தான் கூறமுடியும்.—

கேள்வி 10.—

(a) நமது அரசாங்கத்தாரும்,
(b) லோகல்போர்டுகளும்,
(c) ஸர்வகலாசாலைகளும்,
(d) ஸங்கங்களும்,

மேனாட்டு வைத்ய விருத்திக்கு ஆதரணையளிப்பதுபோல் பக்ஷபாதமன்னியில் ஸர்வ விதத்திலும் ஆயுர்வேதாபிவிருத்திக்கும் ஆதரணையளிப்பார்களாயின் நமதுதேசவாஸிகள் மாத்திரமேயல்லாது விதேசவாஸிகளும்கூட எமது ப்ராசீன வைத்ய ஸம்ப்ரதாயத்திலிருந்து ஆயுராரோக்யங்களைப் பெற்று சுகஜீவிகளாய் வாழ்வார்களென்பதில் என்ன ஸம்சயம். ஓம். சுபம்.

(தமிழ் பாஷா க்ஞான மில்லாமலே இந்த வியாஸமெழுதப்பட்டமையால் இதிலுள்ள எழுத்துப் பிழை சொற்குற்றம் முதலியவற்றைப் பொறுப்பது பெரியோர்கடமை.)

(5)

M.R.Ry. Pandit V. PONNUSWAMI PILLAI AVARGAL, KUMBAKONAM.

வைத்தியமுறை.

கேள்வி 1.—மானிட உலகத்தின் நன்மைக்காக பதினெண்சித்தர்களாகிற மகான்களால் அருளிச்செய்யப்பட்ட, "சரீர சுகவழி" என்று பொருள்படக்கூடிய ஆயுர்வேதம் என்னும் பொதுப்பெயரால் அழைக்கப்படுகின்ற வைத்தியசாஸ்திரங்கள் தங்களுடைய முக்கியமான தத்துவங்களில் வேறுபாடின்றி, சிற்சில மாறுதலுடன் கூடிய சிகித்சா முறைகளோடு, தேசத்தின் மூன்று முக்கியமான பாஷைகளாகிற, சமஸ்கிருதம், இந்துஸ்தானி, தமிழ் என்ற மூன்று பாஷைகளிலும் இயற்றப்பட்டு, ஆயுர்வேதம், யூனானி, சித்தர் (தமிழ்) முறை என்ற பெயர்களுடன் வழங்கி வருவதில், தென்னாட்டில் முதன்மைபெற்றதும், தமிழ் நாட்டிற்பிறந்ததுமான சித்தவைத்தியத்தைப்பற்றி வாதிப்பேன்.

வியாதி உண்டாவதற்கு காரணம்.

கேள்வி 2.—(a) "மிகினும் குறையினும் நோய்செய்யும்" என்ற ஆன்றோர் வழிப்படி மனிதனுடைய உணவும், செயல்களும் அவனுடைய சரீர சுபாவத்திற்கு ஒத்த அளவன்றி, மிகுமாயினும் குறையுமாயினும், சுகவாழ்க்கைக்கு ஆதாரமாகிய உதிரத்தினிடத்தில், மெலிவு, திரிபு, கெடுதல் ஆகிய தோஷங்களை உண்டுபண்ணி, அதன் வழியே வாத, பித்த, சிலேத்துமமென்று மூன்று வகுப்புகளாகப் பிரிக்கப்படுகின்ற பல்வகைப்பிணிகளையும் உண்டு பண்ணும். இதைத்தவிர கெர்ப்பத்தை ஒட்டியும், பழவினைப்பயனாலும் வியாதிகள் பல தோன்றுவது உண்டு.

மேற்கூறப்பட்ட காரணங்களுள், முதலாவதாகக்கூறப்படுவது நவீன சாஸ்திர முறையில் "Temperance" என்று சொல்லப்படுகிற கொள்கையே யாகும். ஆதலின் அது தற்கால ஆராய்ச்சியின் முன் நன்கு ஏற்றுக்கொள்ளக்கூடியதே யாகும். இரண்டாவதாகக் கூறப்படுகிற "கெர்ப்ப" சம்பந்தமான கொள்கைக்கும் நவீன சாஸ்திரீய ஆராய்ச்சி இடங்கொடுக்கின்றது. ஆங்கில முறையில் "Heriditary Diseases" என்று கூறப்படும் வியாதிகளும், "Child Complication" என்று சொல்லப்படும் பிணிகளும் மேற்கூறிய காரணத்தால் தான் ஏற்படுவது. ஆகவே கடைசியாகச் சொல்லப்பட்ட "பழவினை" சம்பந்தமாகிற கொள்கை ஒன்றைத் தவிற ஏனைய அனைத்தும் நவீன ஆராய்ச்சியில் ஏற்றுக்கொள்ளக்கூடியன. "பழவினை" காரணமாக ஏற்படக்கூடிய வியாதிகளைத்தான் நவீன வைத்திய முறையில் "The Incurable Diseases" என்று செல்லப்படுகிறதாயினும், அதைப்பற்றிய கொள்கையை நவீன ஆராய்ச்சியினால் நிரூபிப்பது கடினமே.

ரோகநிதானம் செய்தல்.

(h) வெளித்தோற்றத்தைக்கொண்டும், உள் நிகழ்ச்சியை நோயாளியின் வாய்வழிக் கேட்டறிந்தும், நோய்க்கு இயற்கையாயுள்ள சில குறிகளாலும், "அஷ்டவித குறிப்பறிதல்" என்ற முறைப்படி நாடி, கண், சப்தம், பரிசம், நிறம், நாக்கு, மலம், மூத்திரம், முதலியவைகளை பரீக்ஷித்தும் வியாதியை இன்னதென்று நிர்ணயித்து, அது தோன்றிய காரணத்தை "நோய் நாடி, நோய் முதல் நாடி" என்ற விதியை அனுசரித்து, வாத, பித்த, சிலேத்துமதோஷங்களுக்கு கட்டுப்பட்டு நடக்கும் நாடிகளின் மூலமாக கண்டறிதல் முறை.

நாடிபார்க்கும் முறை.

நாடிகளினால் வியாதியை நிர்ணயிக்கும் முறை பின்வருமாறு.—இச்சரீரம் முழுவதும் வியாபித்துநிற்கின்ற 72,000 நாடிகளையும் சுருக்கி, அவற்றுள் முக்கியமான 10 நாடிகளுக்கு இடைகலை, பிங்கலை முதலான பெயர்களிட்டு, தசநாடிகளாகவும் அதற்குற்ற பிராணன் அபானன் என்று கூறப்படுகின்ற தசவாய்வுகளையும் தசநாடிகளில் முக்கியமான ஐந்தை சோத்திரம், தொக்கு முதலான பஞ்ச நாடிகளாகவும், அதற்குற்ற பிரிதிவி, அப்பு முதலிய பஞ்சபூதங்களாகவும் கூறி காண அரிதெனத்தெளிவாய் நாடிகளுள் முக்கியமாய் மூன்றை வாத, பித்த, சிலேத்தும நாடிகள் என்று பெயரிட்டனர். இவற்றுள் வாதம் மலத்திலும், பித்தம் ஜலத்திலும், சிலேத்துமம் விந்துவிலும் அடங்கி நிற்கும். மேற்குறித்த மூன்று நாடிகளும் ஒன்றாகக்கூடி குருநாடி என்ற பெயருடன் பெருவிரலுக்கு ஒரு அங்குலதூரத்தில் நடக்கும். இருதயமானது குவியும் பொழுதும், விரியும் பொழுதும் அதிலிருந்து வெளியே இறைக்கப்படுகின்ற ரத்தமானது இரத்தாசயங்களிலிருந்து நாடிகளின் வழியாக துரிதமாகச்செல்வதும் பின்வற்றுங்காலத்து திரும்பி இருதயத்தை நோக்கிச்செல்வதுமாகிய இச்செய்கைகளினால் ஏற்படும் நாடி அசைவுக்கே "நாடி நடை" என்று பெயர். இந்த நடையை குருநாடியின் மூலம் நன்கு கவனித்து, நாடி நடக்கும் காலத்தையும், (வாதம் உதயமுதல் பத்து நாழிகைவரையிலும், பித்தம் மத்தியானம் பத்து நாழிகைவரையிலும் சிலேத்துமம் மாலை 10 நாழிகையும் நடக்கும்) நாடி நடைகளின் மாத்திரை கணக்கையும், (வாதம் 1, பித்தம் $\frac{1}{2}$, சிலேக்துமம் $\frac{1}{4}$ மாத்திரை) மனதில் நன்கு இருத்தி மேற்குறிப்பிட்ட மாத்திரைக்கணக்கினால் இன்னதோஷத்தினால் ஏற்பட்டது வியாதி என்று நிர்ணயிக்கவேண்டும்.

பிணிதீர்க்கும் முறைகள்.

மேலே சொல்லியபிரகாரம் வியாதியையும், அதுதோன்றிய காரணத்தையும் நிர்ணயித்த பிறகு நோயாளியின் சரீர நிலைமையையும், அவனிடத்தில் தோன்றி நிற்கும் வியாதியினுடைய அளவையும், சாத்தியம், அசாத்தியம், யாப்பியம் என்ற அதன் மூன்று சாதிவேறுபாடுகளையும், தொடக்கம், நடுவு, ஈறு என்ற அதன் பருவ நிலைகளையும், நன்குயோசித்து, அப்பிணிதீர்க்கும் வழிகளில், மருந்துசெய்தல், உதிரங்களைதல், அறுத்தல், சுடுதல், வாந்திசெய்வித்தல், பேதி செய்வித்தல், நசியம் செய்வித்தல், தைலம் ஆட்டுதல், கலிக்கம்போடல், முதலிய முறைகளில் சமயோஜிதமாக உபயோகிக்கவேண்டிய முறையை நிர்ணயித்து, அம்முறையை நூல்வழியினின்றும் மாறாது கையாடி வியாதி பரிகரித்தல் முறையாகும்.

பிணிதீர்க்கும் காலத்து, பிணியாளரிடத்து பொருளுடைமை, வைத்தியர்வழி நிற்றல், நோய்நிலை உரைத்தல் வன்மை, மருந்துத்துன்பம் பொறுத்தல் முதலிய குணங்களும், பிணிதீர்ப்போனாகிய வைத்தியரிடத்தில், நோய்நிலைகண்டஞ்சாமை, நல்லாசிரியரின் வழிக் கல்வி, பலகாலும் தீர்த்துவருதல், மன, மொழி, மெய் சுத்தம், நோயாளியிடத்து அன்புடைமை ஆகிய குணங்களும், பிரயோகிக்கப்படும் மருந்தினிடத்தில் பலபிணியேற்றல், சுவை, வீரியம், விளைவு, ஆற்றல் இவைகளில் மேம்படுதல், எளிதிலே பெறப்படுதல், சரீர சுபாவத்தோடு பொருந்தல், முதலிய குணங்களும் வாய்த்து நிற்பது முறை. மேற்சொல்லிய முறைகளோடுகூட சிகித்சை நிகழும் காலத்துள்ள சீதோஷ்ண நிலைமையையும், தேகம், தேசம், காலம், ரோகம், அவுஷதகுணம், பதார்த்தகுணம், உடம்புக்காதாரம், உதிராக்னி பலம், கைபாகம், செய்பாகம், இன்னநோய்க்கு இத்தனை நாள் மருந்து கொடுக்கவேண்டுமென்பது, இவைகளை மனதில் ஊன்றி கவனித்து, வியாதியஸ்தனின் ஆகார விஷயமாக அவனுடைய வாத, பித்த, சிலேத்துமங்களின் நிலைமைக்குத் தக்கவாறும், வியாதியின் அனுகூலமார்க்கங்களை அனுசரித்தும், அதை சமயோசிதமாக மாற்றியும், நோயாளியின் ஸ்நானம், உடை, ஆகாரம் முதலியவைகளில் உசிதமான மாறுபாடுகளைச்செய்தும், வியாதிக்குத்தக்க பத்திய முறைகளை அனுஷ்டிக்கச்செய்தும், வியாதி பரிகரித்தல் முறை.

எல்லாவற்றினும் முக்கியமாக, பிணிதீர்ப்போன் தான் பிரயோகிக்கும் ஒவ்வொரு மருந்துக்கும் முறிவு என்று சொல்லப்படுகின்ற (Antidote)தை அறிந்து இருக்கவேண்டியது அவசியம். இதுதவிர, சோதிடப் பயிர்ச்சியால் (Astrology) மருந்துகொடுக்கும் நாள், நக்ஷத்திரம் (The Auspicious Star) முதலியவற்றை கணித்து, நல்ல சுபகாலம் பார்ப்பதும்

உண்டு. வியாதிகளில், சிலவற்றை மந்திரப்பயிற்சியினாலும், தெய்வ உபாசனையினாலும் பரிகரிக்கும் மார்க்கங்களும், வைத்தியர்கள் பலருக்கு தெரிந்து, அவர்கள் அதை உபயோகிப்பதும் உண்டு.

சுதேசமுறைகளிலுள்ள பொதுவான நன்மைகள்.

ஒவ்வொரு தேசமும் தனக்கு இயற்கையாக ஒருவித நாகரீகத்தையும், கல்விமுறையையும், மதாசாரங்களையும் பெற்றிருப்பதுபோலவே, வைத்திய முறைகளும் அந்தந்த தேசத்தின் இயற்கை நிலைமைக்கும், சீதோஷ்ணஸ்திதிக்கும், ஆசார பழக்க வழக்கங்களுக்கும் ஏற்ப ஏற்பட்டிருக்கின்றன என்பது என்னுடைய நம்பிக்கை. அதுபோலவே இந்திய சுதேச முறைகளும அனாதி காலம்தொட்டுத் தோன்றி ஆராய்ச்சியும் அனுபவமும் மிக்க பெரியோர்களால் பலதலைமுறைகளாகக் கையாடப்பட்டு, ஜனங்களின் பழக்கவழக்கங்களை ஒட்டி தேசத்தின் நாலுபக்கங்களிலுமுள்ள சீதோஷ்ணநிலைமைக்கும் தாவர லோகப் பொருள்களின் இருக்கைக்கும் ஏற்றபடி அமைக்கப்பட்டு, குற்றமற்ற வழியில், விசேஷப் பொருள் செலவன்னியில் பயிற்சிபெறக்கூடியதாய், ஜனங்கள் எல்லோருக்கும் மிகக் குறைந்த செலவில் பிணிகளை நீக்கக்கூடியதாய், பிரத்தியேகமாய் குடும்ப வைத்தியமாக பீதியன்னியில் அனுசரிக்கக்கூடியதாய், நீண்ட அனுபவம் காரணமாக நம்பிக்கையுடன் கையாளக்கூடியதாய் அமைந்திருப்பதே இம்முறைகளில் உள்ள விசேஷமான பொது நன்மைகளாகும். "இயற்கை" (Nature)யின் வன்மையை மேனாட்டாரும நன்கு உணர்ந்து விட்டார்கள். இயற்கையின் வழியே வைத்திய சிகித்சா முறைகளைத்திருத்த பலமான பிரயத்தினங்களும் செய்யப்படுகின்றன. (Louise Khoonee) டாக்டர் லூயிகூனி என்ற பிரபல நிபுணரின் (Nature cure) என்று சொல்லப்படுகின்ற ஜலசிகித்சைகளும் (Water treatment) Unipathy யூனிபெதி என்று சொல்லப்படுகின்ற ஆகார சிகித்சைகளும், இதற்கு உதாரணமாகும். ஆகவே இயற்கையின் வன்மை மேலோங்கப்பெற்றிருக்கும் இச்சுதேச முறைகள் சற்றும் புறக்கணிக்கக்கூடாதன. மேலும், மேல்நாட்டு வைத்தியமுறையில் கண்டுள்ள வியாதிகளையும, அவைகளின் குறிப்புகளையும்பற்றிய சங்கேதங்கள், தனிப்பட்ட ஆராய்ச்சிக்காரர்களின் அபிப்பிராயத்தை ஒட்டி சிற்சில சமயங்களில் மாறிவிடுவதுபோல், இவ்வைத்திய முறைகளில் முடியாது. மற்றெந்த முறைகளிலும் காணமுடியாசபடி, இம்முறைகளிடத்தே, (Originality) என்று சொல்லப்படுகின்ற மூலாதார தத்துவங்கள் நிறைந்து நிற்கின்றன 'என்று சிறந்தமேல்நாட்டு நிபுணர்களும் அபிப்பிராயப்படுகின்றனர்.

" The institutes (Indian Medical) fit in excellently with the Bacteriology and applied hygiene of the West. The hygiene of food and water, public conservency, disease suppression and prevention are all carefully dealt with.— Col. W. G. King, C.I.E., I.M.S. " மேலே காட்டப்பட்ட அபிப்பிராயத்திலிருந்து, என்ன விளங்குகின்றதெனின், நவீன வைத்திய முறையில் ஆராய்ச்சி செய்யப்பட்டு ஓர்வித நிச்சயமான முடிவை அடையாத விஷயங்களும, சுதேச முறைகளில் பல ஆயிரம் வருஷங்களுக்கு முன்னமே நிர்ணயிக்கப்பட்டுப்போயின என்பதே. எவ்வளவு ஆராய்ச்சியைச் செய்திருந்தபோதிலும், ஒரு சுதேச வைத்தியர், இம்முறைகளிலுள்ள அடிப்படையான தத்துவங்களை மாற்றி விடமுடியாது.

நவீன சாஸ்திர முறையில் விசேஷ பணச்செலவுடனும் அதிகப்பிரயாசையுடனும் சாத்தியமாகிற சல்லிய முறை (Surgery)யினால் ஏற்படக்கூடிய பலனை, அவ்வித சிரமங்கள் யாதுமின்றி மருந்துகளினாலே அடையும்படியான மார்க்கங்கள் இம்முறைகளில் காணப்படுகின்றன. சுதேச முறைகளினால் வைத்திய சிகித்சைக்கு ஆகும் செலவு மிகக் குறைவாக இருப்பதனால், இப்பொழுது இருப்பதைவிட இன்னும் வைத்திய சிகித்சையை பலருக்கு கிடைக்கும்படி அதிகரிக்கவும் ஹேதுவாக இருக்கின்றது. மருந்துகளுக்காக மாத்திரம் வெளியேபோய்கொண்டிருக்கிற கோடிக்கணக்கான ரூபாயும் தேசத்திற்கு லாபமாவதோடுகூட, ராஜாங்கத்தாருக்கும் வைத்திய இலாகாவின் செலவு மிகக் குறைந்துபோகும். இம்முறைகளைப் போதியவரையில் ஆராய்ச்சிசெய்து அனுபவத்துடன் கையாண்டுகொண்டிருக்கும் பலர் தேசத்தின் நாலுபக்கங்களிலும் இப்பொழுதும் இருக்கின்றமையால் வைத்திய ஸ்தாபனங்கள் பலவற்றையும் சீர்திருத்தி அமைப்பதும் ஓர் பெரிய காரியமல்ல. மேலே குறிப்பிட்ட காரணங்களால் சுதேச முறைகளை அனுஷ்டிப்பதின் பொதுவான நன்மைகள் விளங்கும்.

வியாதிகள் வாஸ்தவத்தில் குணமடைந்த விஷயங்களைப்பற்றி குறிப்புகளும், கணக்குகளும் தினசரியாகவேனும் அவ்வப்பொழுதேனும் எழுதிவைக்கும் வழக்கம் இல்லையாயினும் குறிப்பிட்ட சில வியாதிகளை குணப்படுத்திய விஷயங்களையும், இன்னும் அவைகள் சம்பந்தமான குறிப்புகளையும் எனது ஞாபகத்தில் உள்ளபடி, அவசியமானால் பிரத்தியேகமாகக் கொடுக்கத் தயாராக இருக்கிறேன்.

(c) சில சந்தர்ப்பங்களில் சுதேச சிகித்சா முறைகள் மற்றெல்லா முறைகளைக் காட்டிலும் அதிகப்பிரயோஜன முள்ளவைகளாகவே இருக்கின்றன. கபசம்பந்தமான சுரரோகங்களிலும் (Phneumonia and Influenza), ஸ்திரீ சம்பந்தமான மேகரோகங்களிலும் (Venereal diseases), கடிகள் சம்பந்தமான விஷநோய்களிலும் (Poisonous bites)

இன்னும் அன்றாடம் தோன்றும் பல சில்லறை வியாதிகளிலும் (Miscellaneous), மற்றெல்லா முறைகளையும்விட, இச்சுதேச முறைகள் வெகு திருப்திகரமாக வேலை செய்கின்றன என்பதை நிரூபிக்க ஏராளமான திருஷ்டாந்தங்கள் இருக்கின்றன. மேற்கண்ட நோயால் வருந்திய பலரை, நவீன டாக்டர்கள் பலர் கைவிட்டதற்குப் பிறகும், சுதேச வைத்தியர்கள் பலரும் ஆச்சரியமடையும்படி சிகித்சை செய்திருக்கிறார்கள். என்னுடைய அனுபவத்திலேயே இம்மாதிரி பலகேஸ்களை சொஸ்தம் செய்திருக்கிறேன். காலரா முதலிய தொத்துவியாதிகளை கண்டிப்பதிலும் சுதேச மருந்துகள் அதிக புகழுடன் வேலை செய்கின்றன என்பதை பலரும் அறிவார். நரம்புத்தளர்ச்சி, அரோசகம் முதலிய வியாதிகளையும் சுதேச மருந்துகள் ஆச்சரியமாகவே நீக்குகின்றன. சில வருஷங்களுக்கு முன்னால் பம்பாய் நகரத்தில் தோன்றி, இந்தியாவிலிருந்து 60 லக்ஷம் ஜனங்களைக்கொன்ற (Influenza) என்ற கொடிய நோயைத் தீர்க்கும் விஷயத்தில் மேல்நாட்டு மருந்துகளைவிட சுதேச மருந்துகள் வெகு திறமையாக வேலைசெய்தன என்பதை அரசாங்கத்தில் உயர் பதவிவகித்த பலவைத்திய நிபுணர்களும் ஒப்புக்கொண்டிருக்கிறார்கள். என்னுடைய சொந்த அனுபவத்தில் என்னிடம் வந்த (Influenza) கேஸ்களில் 100-க்கு 95 கேஸ்கள் வெற்றியடைந்தன. இன்னும் தீராத ரோகங்கள் என்று கருதப்படுகின்ற குஷ்டம் முதலிய வியாதிகளையும் சுதேச மருந்துகள் தீர்க்கக்கூடியவைகளாக இருப்பதால் பல ஆஸ்பத்திரிகளிலும் விரிவாக உபயோகப்படுத்தப்படுகின்றன. மிகவும் அருவருக்கத்தக்க விதமாய் வியாபித்து நிற்கும் மேகரணங்களும் (Syphilis) கட்டிகளும், வெளிப்பிரயோகங்களும், ஆயுத உதவியும் இல்லாமலே சிற்சில மருந்துகளின் உட்பிரயோகத்தினாலேயே சுதேச முறைகளினால் நிவர்த்திக்கப்படுகின்றன.

என்னுடைய வைத்திய விஷயம்.

கேள்வி 3.—(a) பரம்பரையாக வைத்திய முறையை அனுசரித்து நடத்தப்பட்டு வருகிற ஓர் பெரிய வைத்திய சிகித்சா ஸ்தாபனத்தில் நேரில் சம்பந்தப்பட்டு, அதிலேயே பழக்கப்பட்டு, அதை தற்காலம் நடத்திவருபவனாக இருக்கிறேன்.

தற்கால ஸ்தாபனங்களும் வைத்திய சிகித்சையும்.

(b) (1) வைத்திய சிகித்சைக்காகவும், மாணவர் பயிற்சிக்காகவும் சுதேச முறைகளை அனுசரித்து தேசத்தின் நாலுபாகங்களிலும் ஏற்பட்டிருக்கும் பல்வேறு ஸ்தாபனங்களிலும் எனக்குபோதிய பரிச்சியமில்லை. ஆயினும் அவற்றுள் சில நடத்தப்படும் தோரணைகளையும், அளித்துவரும் பலன்களைப்பற்றியும் சிறிது அறிந்திருக்கிறேன்.

தற்கால ஸ்தாபனங்களின் வகை.

தற்காலமுள்ள வைத்திய ஸ்தாபனங்களை முக்கியமான மூன்று பிரிவாகப் பிரிக்கலாம் :—

(1). மருந்துகளை மாத்திரம் தயார்செய்து வியாபாரம் செய்யும் நோக்கத்துடன் ஏற்பட்ட ரசாயனசாலைப்போன்ற ஸ்தாபனங்கள். (2) கல்வி வசதியுள்ள பயிர்ச்சி சாலைகளோடு கூடிய ஸ்தாபனங்கள் (3) வைத்திய சிகித்சைக்காக ஏற்பட்ட (Hospital) போன்ற ஸ்தாபனங்கள். இவைகள் தனித்தனியாகவும், ஒன்றாகச்சேர்ந்தும் இருப்பதுண்டு.

சில வைத்திய ஸ்தாபனங்கள்.

சென்னையில் சுதேச முறைகளில் நடத்தப்படும் சில ஸ்தாபனங்கள் அரிய வைத்திய சிகித்சை செய்துகொண்டுதான் வருகின்றன. வெங்கடரமண டிஸ்பென்சரியும், வைத்திய சித்தாஸ்ரமும், ஆயுர்வேத கலாசாலையும், குருஷ்டிபியா டிஸ்பென்சரியும், ஆந்திரா ஆயுர்வேதிக் பார்மசியும், செங்கல்வ நாயகர் வைத்தியசாலையும் வைத்திய சிகித்சைக்கு நல்ல வசதியுள்ளனவேயாயினும், போதுமான உப பலம் இல்லாத குறையினாலும் இன்னும் இதர காரணங்களினாலும் இன்னும் அதிக சிகித்சையை செய்ய முடியவில்லை. கொடுக்கப்படும் வைத்திய சிகித்சை மிக்க குறைவாக இருக்கின்றது என்று எளிதில் சொல்லிவிடலாமாயினும் எவ்வளவு அசௌகரியங்களுக்கிடையில், எவ்வளவு சிறிய திட்டத்தில் அவைகள் நடைபெறுகின்றன என்பதைக் கருதுமிடத்து இதைவிட அதிகமான பலனை, விசேஷ அபிவிருத்தியைச் செய்வதற்குமுன்னே எதிர் பார்ப்பது முடியாத காரியமே. சுதேச சமஸ்தானங்களில் பரிபாலிக்கப்பட்டுவரும் சுதேச வைத்திய ஸ்தாபனங்கள் பல ராஜாங்கத்தாரின் நேரான மேற்பார்வையின் கீழ் அதிக செல்வாக்குடன் நடத்தப்பட்டு வருகின்றமையால் அவைகள் அதிவிசேஷமான வைத்திய உதவியைச் செய்துவருகின்றன. உதாரணமாக, மைசூர் அரசாங்கத்தாரால் பரிபாலிக்கப்படும் ‘‘ ராஜகீய ஆயுர்வேத ஸ்தாபனங்கள் ’’ மகாசிறப்புடன் வேலைசெய்து வருகின்றன. அவைகளை நவீனமுறை ஸ்தாபனங்களைவிட எவ்விதத்திலும் தாழ்ந்தவை என்று கூறமுடியாது.

வைத்தியக் கல்வியும் அதனை சீர்திருத்தவேண்டிய முறையும்.

(2) வைத்திய கல்வி விஷயத்தில் செய்யப்பட்டிருக்கும் ஏற்பாடுகள் மிகமிகக்குறைவு என்றே கூறவேண்டும். மேலும், கொடுக்கப்படுகின்ற வைத்தியப்பயிற்சியும் பெரும்

பாலும் ஒன்றுபட்டிருப்பதில்லை. தற்காலத்திய வைத்திய ஸ்தாபனங்கள் உண்மையாகவே மிக்க பயனுடையதாகச் செய்யவேண்டுமாயின், சீர்கெட்டுப்போயிருக்கும் பொதுஜன அபிப்பிராயத்தை சுதேச முறைகளுக்குச் சாதகமாக முதன் முதலாகத்திருத்த வேண்டும். இரண்டாவதாக, தற்காலம் ஆங்காங்கு ஏற்பட்டிருக்கும் சுதேசவைத்திய கலாசாலைகளிலுள்ள போதனுமுறை திட்டமும் சாஸ்திரீய பயிற்சிமுறையும், கால அளவும், மாணவர்களின் நியதிகளும், கூடியவரையில் ஒன்றை ஒன்று ஒத்து இருக்கவேண்டிய தவசியம். நிபுணத்துவமும் அனுபவமுமுள்ள சில முக்கிய வைத்தியர்களை ஒவ்வொரு முறைக்கும் விதாசாரமாகத் தெரிந்தெடுத்து, அவர்களுடைய சிபார்சுகளை அனுசரித்து நவீன Allopathic முறைகளை ஒட்டி நடைபெறும் வைத்தியசாலைகள்போன்ற திட்டத்தில் இந்த ஸ்தாபனங்களை மாற்ற முயற்சி செய்யவேண்டும். நவீன வைத்திய முறையையும், அதனை ஒட்டிய கலாசாலை, வைத்தியசாலை முதலிய இதர ஸ்தாபனங்களையும் எவ்வளவு ஊக்கத்துடனும், ஆலசியமன்னியிலும் ராஜாங்கத்தார் ஜனசமூகத்தில் விருத்திசெய்தார்களோ, அதேபோல இம்முறைகளில் நடத்தப்படும் ஸ்தாபனங்களையும் ஒப்புக்கொண்டு தாங்களே தங்களுடைய நேரான மேன்பார்வையின்கீழ் வைத்துக்கொள்ளவேண்டும்.

கல்வி ஸ்தாபனங்களின் சில குறைகள்.

கூட்டுறவு முயற்சியின்மையும், பணத்தட்டும், அரசாங்க ஆதரவு இன்மையும் இச்சுதேச வைத்திய ஸ்தாபனங்களைப்பெரிதும் பாதிக்கின்றன. மேலும் நவீன சாஸ்திர பயிற்சியில் ஈடுபடுவோர் குறிப்பிட்ட காலத்திற்குப்பிறகு யோக்கியதைப்பெற்ற பட்டதாரிகளாக வெளிவந்து பயிற்சியை அளித்த அரசாங்கமே உத்தியோகமும் கொடுக்க எண்ணிறந்த வைத்தியஸ்தாபனங்களில் உத்தியோகஸ்தர்களாக நியமிக்கப்பட்டு விடுவதால் அம்முறையில் பயிற்சி பெறும் மாணவர்களுக்கு இயற்கையாகவே ஓர்வித உற்சாகமும், ஊக்கமும் ஏற்படுகின்றது. ஆனால் சுதேச முறைகளின் கதியோ வேறுவிதமாக இருக்கிறது. நல்ல மாணவர்கள் இப்பயிற்சியைப்பெற எளிதில் விரும்புவதில்லை. ஆனால் நவீன சாஸ்திரீய முறைப் படிப்பின் யோக்கியதையும், சுதேச பயிற்சியின் யோக்கியதையும் யாதொரு பாகுபாடினறி சமமாக அரசாங்கத்தாரால ஒப்புக்கொள்ளபபட்டால், இந்த ஸ்தாபனங்களைப் பீடித்துக்கொண்டிருக்கிற முக்கியமான குறை தீர்ந்துவிடும். இராஜாங்கத்தாரால் மிக்க ஆதரவுடன் நடத்தப்படுகின்ற "மைசூர் ராஜகீய ஆயுர்வேதகலாசாலையில்" அன்னிய மாகாணங்களிலிருந்தும் மாணவர்கள் ஆசையுடன்வந்து படித்துப்போகின்றனர்.

3-வது கேள்வியில் (b) கிளாசில் 1, 2 முதலிய பிரிவுகளில் கேட்கப்பட்ட கேள்வியின் தாத்பர்யமே (c) என்ற கேள்வியிலும் இருப்பதாக நான் அபிப்பிராயப்படுகின்றமையால், அக்கேள்விகளுக்கு விடை அளிப்பது நிறுத்தப்பட்டது.

வைத்திய கல்விச்சாலைகளின் லக்ஷணமும் அதைப்பற்றிய குறிப்புகளும்.

கேள்வி 4.—(a) அவரவர்கள் கற்பிக்க ஏற்றுக்கொண்ட விஷயங்களில் முதல்தரமான நிபுணத்வமும், யாவராலும் ஒப்புக்கொள்ளப்பட்ட கீர்த்தியும் வாய்ந்தவர்களாக உள்ள உபாத்தியாயர்களின் நேர மேல்விசாரணைக்குக்கீழ் மாணவர்களை விட்டுவைப்பதும், சரியான முஸ்தீபுகள் ஏற்படுத்தப்பட்டிருக்கும் ஆஸ்பத்திரிகளுக்கும், Laboratory என்னும் ரசாயன பயிற்சிசாலைகளுக்கும், புஸ்தகசாலைகளுக்கும், ம்யூசியம்களுக்கும் உபாத்தியாயர் மாத்திரமேயல்லாமல் மாணவர்களும் போகக்கூடியதாய் இருப்பதும், அவர்கள் கற்பிக்க ஏற்றுக்கொண்ட விஷயங்களில் சொந்தமாய் ஆராய்ச்சி செய்துகொண்டுபோக அவகாசம் கொடுக்கபபடுவதும் அவசியம் என்றே நினைக்கிறேன்.

முற்றிலும் திருப்தியளிக்கக்கூடியவழியில் வேறு மாகாணங்களில் நடத்தப்படும் சுதேச வைத்திய ஸ்தாபனங்களில் எனக்கு நேரான பழக்கமில்லை. ஆயினும் நான் ஏற்கனவே குறிப்பிட்டிருப்பதுபோல் சென்னையிலும் மைசூரிலும் சுதேச சமஸ்தானங்களிலும் உள்ள சில ஸ்தாபனங்கள் உண்மையுடன் ஊக்கமாக வேலைசெய்கின்றன எனபதில் ஐயமில்லை. அதற்குக் காரணம் தக்கவாறு ஆதரவு காண்பிக்கபபடுவதேயாகும். சென்னையிலுள்ள "ஆயுர்வேதகலாசாலை" பலராலும் புகழ்ந்து கூறப்பட்டிருக்கும் ஸ்தாபனங்களில் ஒன்று ; அதன் பாடமுறை திட்டங்களும், போதனு முறைப் பயிற்சியும், ரசாயன சாலையும், மாணவர்களுக்கும், உபாத்தியாயர்களுக்கும் அளிக்கபபடும் பிரத்தியேகப் பயிற்சிகளும், புத்தகசாலையும், பட்டமளிக்கும் முறைகளும் கூடியவரையில் திருப்திகரமானவை என்றே சொல்லலாம். அங்குள்ள ரசாயன சாலையிலிருந்து வெளிவரும் மருந்துகளின் மேன்மையையும், அங்கு கொடுக்கப்படும் கல்வியின் உயர்வையும் மதித்தே, சென்னை நகர பரிபாலன சபையாரும் வருடம் ரூ. 1,000 கொடுத்துதவுகின்றனர். வெங்கட்டரமண டிஸ்பென்சரியிலும், மாணவர் பயிற்சிக்குத்தக்க ஏற்பாடுகள் செய்யப்பட்டு, கொடையாளியாகிய கல்கத்தா இராதாகிருஷ்ணய்யர் மனமுவந்தளித்த ரூபாய் பதினையிரத்தைக்கொண்டு, நன்குவிருத்தி செய்யப்படடிருக்கின்றது. மைசூர் ராஜகீய கலாசாலையும், டில்லியில் ஹக்கீம அஜ்மல்கானல் ஏற்படுத்தப்பட்ட "டிபி காலேஜும்" முதல்தரமான ஸ்தாபனங்களேயாகும்.

வைத்திய ஸ்தாபனங்களின் லக்ஷியங்கள்.

(b) குறிப்பிட்டிருக்கும் லக்ஷியங்கள் மூன்றும் மிதமிஞ்சி உயர்வாக இருப்பதாக நான் எண்ணமுடியாதபோதிலும், சுதேச முறைகளின் தற்கால பரிதாபகரமான நிலைமையை உத்தேசிக்கும்பொழுது, அந்த லக்ஷியங்கள் நிறைவேற சிறிது காலதாமதம் ஏற்படக்கூடும் என்று நினைக்கவேண்டியிருக்கிறது.

சுதேச வைத்திய ஸ்தாபனங்கள் எல்லாம், நவீன ஆராய்ச்சியின் முன் கொஞ்சமும் சளைக்காத இந்திய முறைகளுக்குள்ள இயற்கை மேன்மையை இந்திய சமூகத்திற்கு முழுவதும் நன்கு உணர்த்தக்கூடியதாய் இருப்பதோடுங்கூட, நாகரீகமும், ஆராய்ச்சியும் மிகுந்தன என்று பலராலும் சொல்லப்படுகின்ற மேலைதேசங்களும், இந்த விசால உலகமும், இம்முறைகளுக்குரிய ஓர் கவுரவத்தைக் கொடுக்கும்படியாக நடத்தப்படுவதே முக்கிய லக்ஷியமாக இருக்கவேண்டும். கமிட்டியாரால் குறிபபிடப்பட்டிருக்கும் லக்ஷியங்களையே தற்கால லக்ஷியங்களாகக்கொண்டு வைத்திய ஸ்தாபனங்களை அபிவிருத்திசெயவது விரும்பத்தக்கதேயாகும்.

அதற்காக நவீன முறையில் நடத்தப்படும் (Allopathic) ஸ்தாபனங்களை அனுசரித்து சுதேச வைத்திய ஸ்தாபனங்களை (கல்வி) அடியோடு உடனே மாற்றிவிடுவதும் எளிதான காரியமல்ல. லக்ஷியங்களை ஒட்டி நடைபெறக்கூடியவகையில் அனுஷ்டான திட்டங்களை தயாரிக்கும் வேலை ஆராய்ச்சியும், பாண்டித்யமும் உள்ள ஓர் வைத்திய கமிட்டியாரின் வசம் ஒப்படைக்கப்படுதல்வேண்டும். சுதேசி வைத்திய முறைகளை பயிற்சி செய்யும் விஷயத்தில் இந்திய ஆசிரியருக்கும், வைத்தியர்களுக்கும் நவீன நடைமுறை திட்டத்தோடுகூடிய பள்ளிக்கூடங்களை விட, குரு சிஷ்ய முறைப்பயிற்சியிலும், பரம்பரை அனுபவ வைத்திய கல்வியிலும், நம்பிக்கை விசேஷமாக இருந்துவந்திருப்பதால்தான், கமிட்டியார் குறிப்பிட்டிருக்கும் லக்ஷணங்களோடுகூடிய பாடசாலைகள் பல இடங்களிலும் ஏற்பட்டிருக்கவில்லை என்பதை இங்கு குறிப்பிடுதல் பொருந்தும். ஆயினும் அத்தகைய பாடசாலைகள் தற்கால தேசநிலைமையில் அவசியமாக இருப்பதனால், ஏற்கனவே குறிபபிட்டுள்ள வழிகளைப் பின்பற்றி, சுதேச வைத்திய ஸ்தாபனங்களை அபிவிருத்தி செய்தல் நலம்.

கல்கத்தா சர்வகலாசாலை பரிசீலனை கம்மிட்டியாரும் சுதேச வைத்திய முறைகளும்.

கேள்வி 5.—கல்கத்தா சர்வகலாசாலை பரிசீலனைக் கம்மிட்டியார், அன்னிய வைத்திய முறைகளையும், இந்திய வைத்திய முறைகளையும் ஒன்றுபடுத்தும் விஷயமாய் சொல்லியிருக்கும் அபிப்பிராயங்களின் அடிப்படையான கொள்கையை நான் ஆமோதிக்கிறேனாயினும், அக்கம்மிட்டியார் நினைப்பதுபோல் இவ்விரண்டு முறைகளுக்கும் உள்ள வித்தியாசமானது மறுமுறை அடையாளங் கண்டுபிடிக்கமுடியாதபடி அவ்வளவுதூரம் நீக்கப்பட்டுவிடும் என்று நான் அபிப்பிராயப்படுவதற்கில்லை. ஆனால் அவ்வித ஒற்றுமையை ஏற்படுத்துவதற்கு அன்னிய வைத்தியர்கள் பலரும் இந்திய வைத்திய முறைகளின் மேன்மையை உண்மையாக ஒப்புக்கொள்வதற்கும், அதுபோலவே இந்திய வைத்தியர்களும் தங்களுடைய முறைகளில் அனுஷ்டான சாத்தியமில்லாததாக தங்களுடைய அனுபவத்தினாலேயே கண்டுபிடிக்கப்பட்டதாயுள்ள புராதன கொள்கைகளை நீக்கிவிடுவதற்கும் உடன்படவேண்டும். "நவீன ஆராய்ச்சி" என்ற பெயரைச் சொல்லியும், ராஜாங்கத்தாரின் மனதிற்குகந்தது என்ற ஒரு காரணத்தினாலும் அன்னிய வைத்திய முறைகளுக்கு, இந்நாட்டில் ஏற்பட்டிருக்கும் ஓர் அமிதமான செல்வாக்கையும் "புராதனமென்ற" பெயரைச் சொல்லிக்கொண்டு சுதேச வைத்தியர்கள் இன்னும் நீக்காமல் கடைப்பிடித்து நிற்கும் சில உபயோக மற்ற கொள்கைகளையும நீக்கிவிடவேண்டுமென்பது என்னுடைய விருப்பம். மேலும் நவீன ஆராய்ச்சிக்குமுன் நிற்கவில்லை என்ற ஒரு காரணத்தைச் சொல்லி சுதேச முறைகளிலுள்ள சில அனுபவ சித்தாந்தங்களைப்பற்றி தாழ்மையாக நினைப்பது முற்றிலும் அழகல்ல. ஏனெனில் நவீன ஆராய்ச்சியின் பயனாக வைத்திய சாஸ்திரத்தில் சித்தாந்தப்படுத்தியுள்ள சங்கேதங்கள்தான் முடிவானவை என்று எப்படி நிச்சயமாக கூறமுடியும். அதனிடத்திலுள்ள சித்தாந்தங்கள் பலவும் பிரத்தியேகமான ஆராய்ச்சிக்காரர்களின் அபிப்பிராயத்தை ஒட்டி மாறுபட்டு விடுகிறதில்லையா? ஆகவே சுதேச முறைகளிலுள்ள வைத்திய கொள்கைகள் எல்லாம் நவீன ஆராய்ச்சிக்குமுன் பரீக்ஷை செய்யப்பட்ட பிறகுதான் ஒப்புக்கொள்ளப்படவேண்டும் என்பதும் அதையே வற்புறுத்திப்பேசுவதும் நியாயமல்ல.

அன்னிய முறைகளையும் இந்திய முறைகளையும் ஒற்றுமைப்படுத்தல்.

மாறுபட்ட குணங்களோடும், முறைகளோடும் கூடிய இரண்டு வைத்திய முறைகளை ஒற்றுமைப்படுத்துங்காலத்து பரஸ்பரம் ஓர்வித நம்பிக்கையும், மற்றவருடைய நன்மைக்காக, அவர் அறியாது நிற்கும் விஷயங்களை தன்னிடமிருந்து வெளிப்படுத்தும் பெருந்தன்மையான குணமும் மிக அவசியமானவை. மேலே குறிப்பிடப்பட்டுள்ளபடி லக்ஷியம் எளிதில் கைகூடவேண்டுமானால் இரு முறைகளையும் பயிற்சிசெய்வோருடைய குணத்திலும், செய்கையிலும் சிலமாறுதல்கள் ஏற்படவேண்டியது அவசியம். இதுவே லக்ஷி

யத்தை அடைவதற்கு முதற்படி. சுதேச வைத்தியர்களும் அன்னிய வைத்திய முறைக்கு ஆராய்ச்சியின் பயனாக ஏற்பட்டிருக்கும் கௌரவத்தையும் செல்வாக்கையும் கருதி ஓர் புதிய ஆர்வம் அடைந்து, விடா முயற்சியுடன் ஆராய்ச்சிகள் பலவற்றை மேன்மேலும் செய்து தங்கள் முறையில் இருக்கும் மேன்மையை அன்னியரும் எளிதில் உணரும்படி செய்ய வேண்டும்.

அன்னிய வைத்தியர்களும் தங்கள் வைத்திய முறையில் இயற்கையாகவே ஓர் விதபிடிமானமுள்ள நம்பிக்கையும் அபிமானமும் கொண்டிருந்தபோதிலும், நவீன முறைகளுக்குச் சமமாகவோ, அல்லது சற்று அதிக மேன்மை உள்ளதாகவோ தங்களுடைய வைத்திய முறைகளுக்கு கௌரவமும் யோக்கியதையும் உண்டுபண்ணுவதற்கும் உலக சமூகத்தின் முன் தங்களுடைய விடாமுயற்சியால் பயன் பெறுவதற்கும் அரும்பாடுபட்டுழைக்கும் தங்களுடைய இந்திய வைத்திய சகாக்களுக்கு கைக்கொடுத்து பலவழிகளிலும் உதவிசெய்து அவர்களுடைய முன்னேற்றத்தை நாடி உண்மையுடன் உழைக்க முன்வரவேணடும். இம்மாதிரியான முறைகள் குறிப்பிடப்பட்டுள்ள லக்ஷியங்களை எளிதில் கைகூட்டுவிக்கும் என்பது எனது நம்பிக்கை.

சுதேச வைத்திய கல்வி முறைகளும் நவீனசாஸ்திரங்களும்.

கேள்வி 6.—சுதேச வைத்தியசாஸ்திர கல்விக்காக ஏற்படுத்தப்படும் பாட அட்டவணையில் எளிய போதனாமுறையுடனும் மேம்பட்ட ஆராய்ச்சியுடனும் அமைந்துள்ள நவீன சாஸ்திரங்களில் சிலவற்றையும் சேர்த்துக்கொள்ளவேண்டும் என்பதே என்னுடைய விருப்பம்.

ஆரம்பத்தில், சுதேசவைத்திய சாஸ்திரங்கள் பலவற்றைவிட பள்ளிக்கூடபாடங்களாக ஏற்றுக்கொள்ளக்கூடிய வகையில் தயாரிக்கப்பட்டுள்ள Chemistry, Anatomy Physiology, Surgery இவைகளைப்பற்றிய சாஸ்திரங்களை சுதேசவைத்திய பாடங்களோடு சேர்த்துவிடலாம். ஆனால் Physics (பிரகிருதி சாஸ்திரம்), Biology (ஜீவசாஸ்திரம்), Pathology (ரோகநிதான சாஸ்திரம்), Bacteriology (கிருமிசாஸ்திரம்) முதலிய சாஸ்திரங்கள் சுதேசமுறைகளிலும் திருப்திகரமாக அமைந்திருப்பதாலும், அவற்றுள் சில மேனாட்டு சங்கேதங்களுக்கு மாறுபட்ட அபிப்பிராயங்களை கொண்டிருக்கக்கூடியவையாதலாலும் அவற்றைத் திருத்தி உபயோகிக்கக்கூடிய வகையில் அமைக்கும் வேலை தேர்ந்த நிபுணர்கள் வசம் ஒப்படைக்கப்படலாம்.

சுதேச வைத்திய பரீக்ஷைகள்.

(a) Allopathic முறைப்படி நவீன வைத்தியப் பயிற்சிபெற விரும்புவர்கள் சாதாரணமாக School-Final பரீக்ஷை தேறியபின், வைத்திய பள்ளிக்கூடங்களில் சேர்ந்து நான்கு வருஷகாலம் பயிற்சி பெற்றபின்பு L.M.P. என்று சொல்லப்படும் வைத்தியபட்டத்துக்கு அருகர்களாக கருதப்படுகின்றார்கள். சுதேசவைத்தியப் பயிற்சியினால் பட்டம்பெற விரும்புவோர்க்கும் மேற்குறித்த கால அளவை நிர்ணயித்து, பயிற்சியை இரண்டு பரீக்ஷைகளுக்கு உட்படுத்தி, ஒன்றை இரண்டாவது வருஷமுடிவிலும், மற்றொன்றை நான்காவது வருஷமுடிவிலும் நடத்தலாம். முதலாவது பரீக்ஷையில் தேறியவர்களே இரண்டாவது வகுப்பில் சேரக்கூடியவர்களாவார். முதல் பரீக்ஷை "Entrance Examination" பிரவேசபரீக்ஷையாகவும், இரண்டாவது "Degree Examination" பட்டபரீக்ஷையாகவும் இருக்கும்.

சுதேச வைத்தியர்களுக்கு பட்டங்கள்.

பட்டம் கொடுக்கும் விஷயத்திலும், அப்பட்டங்களுக்கு இடப்படவேண்டிய பெயர் விஷயமாகவும் பற்பலயோசனைகள் சொல்லப்படலாம். ஆயுர்வேதக்காரர்கள் "வைத்திய விசாரத" "வித்தியாபூஷண" முதலியபட்டங்களை விரும்புவர். யூனானிகாரர்களும் 'ஹக்கீம்' முதலிய பட்டங்களில் ஆசைவைப்பர்.

மேற்சொல்லியபடி இரண்டாவது வகுப்புப் பரீக்ஷையாகிற "Degree" Examination முடிந்ததும் L.M.P. என்ற நவீன பட்டத்தையே, சுதேச வைத்தியர்க்கும் கொடுத்துவிடலாம் என்பது என்னுடைய அபிப்பிராயம். நவீன சர்வகலாசாலையில் பட்டம் பெறுவோர் தங்களுடைய சாஸ்திர ஆற்றலுக்குத் தக்க பட்டங்களை உதாரணமாக M.A. (Literature), M.A. (Tamil), M.A. (Philosophy) என்று இருப்பதுபோலவும் Graduates, i. e., B. A. பட்டத்துக்குரிய படிப்புக்கு Mathematics group, History group என்றிருப்பது போலவும், நான்கு வருஷப்படிப்பு முடிந்தவுடன் சுதேச வைத்தியர்களுக்கும் அவரவர் முறைக்கு ஏற்பட்டபடி L.M.P. (Ayurveda), L.M.P. (Unani), L.M.P. (Tamil) என்ற பட்டங்கள் கொடுக்கப்படலாம். இம்மாதிரியே L.M.S., M.B.C.M. முதலிய பட்டங்களையும் அவரவருடைய திறமைக்கேற்றவாறு அளிக்கலாம். சாஸ்திர ஞானத்தின் அளவை ஒட்டி பட்டங்களின் உயர்வு இருக்கவேண்டும்.

மாணவர்களுக்குவேண்டிய யோக்கியதைகளும் படிப்பின் கால அளவும்.

(b) மேலேகாட்டியுள்ளபடி L.M.P. என்னும் பட்டத்தை அளிப்பதற்கான படிப்பைக்கொடுக்க ஏற்படும் சுதேசவைத்திய கல்விசாலைகளில் சேரவிரும்புவோர், சுதேச

முறைகளைப்பற்றிய சிறிது ஆரம்ப ஞானமும், ஆங்கிலத்தில் நடுத்தரக்கல்வியும் (Upper Secondary status as the minimum qualification), திடகாத்திரமும், நன்னடக்கையும் பெற்றிருக்கவேண்டும். மேற்குறிக்கப்பட்ட கல்வி யோக்யதைகள் சிறிது குறைந்திருப்பினும், பரம்பரையான வைத்திய குடும்பங்களில் பிறந்த பிள்ளைகளுக்கு சிலவிசேஷ சவுகரியங்கள் செய்துகொடுக்கலாம். கால அளவுகளைப்பற்றி, ஏற்கனவே குறிப்பிடப்பட்டிருப்பது போல் நான்கு வருஷம் பயிற்சி, வைத்திய ஆரம்பம் செய்யப்போதுமானது. அதற்குமேல் பட்ட பட்டங்களுக்குரிய கல்வியை யாதொரு காலவரையறைக்கும் உட்படுத்தவேண்டிய தில்லை. அவரவர்களுடைய புத்திநுட்பத்திற்கும், சாஸ்திர ஆராய்ச்சிக்கும் அவகாசத்திற்கும் ஒத்தாற்போல் அப்பட்டங்களை அடையலாம்.

பாஷை.

(c) பாஷை விஷயத்திலும் சிறிது அபிப்பிராயபேதம் இருக்கக்கூடும். ஆனால் அந்தந்த வைத்திய முறைகளும் ஒவ்வோர் தாய்பாஷையைப் பெற்றிருப்பதால், ஆயுர்வேதம் சமஸ்கிருதத்திலும், யூனானி இந்துஸ்தானியிலும், சித்தமுறை தமிழிலும் கற்பிக்கப்பட வேண்டியதவசியம். ஆங்கிலம் உபபாஷையாக இருக்கலாம்.

ரிஜிஸ்டிரேஷன் முறையும், சுதேச வைத்தியர்களும்.

கேள்வி.—சுதேச வைத்திய முறைகளை திறமையுடன் பயில்வோருடைய மனப்பான்மையை அபிவிருத்திசெய்து தங்களையும் ஆங்கில வைத்தியர்களைப்போலவே கண்ணியமாக மதிக்கும் வண்ணம் அவர்களுக்கு உற்சாகமூட்டுவதற்காகவும், போதிய பயிற்சிபெறாமல் வீண்பணத்தாசையால் தொழில்நடத்த முன்வந்து, தாறுமாறாய் பிழைகள்செய்து சுதேச முறைகளின் மேன்மைக்கு பங்கம்தேடும் சில வைத்தியர்களை ஓர்வித கட்டுப்பாட்டிற்கு உட்படுத்தும்பொருட்டும் கலாசாலைக் கல்வியில் தேர்ச்சியில்லாமற்போயினும், தங்களுடைய அனுபவமேன்மையினால் பரம்பரையாக திருப்திகரமான வைத்திய சிகிச்சைசெய்து வரும் பலருக்கு ஓர்பாதுகாப்பு அளிப்பதற்காகவும், (Medical Registration) முறை சுதேச வைத்தியர்கள் விஷயத்திலும் அனுசரிக்கப்படவேண்டியது மிக அவசியம் என்றே நினைக்கிறேன்.

ரிஜிஸ்டிரேஷன் போர்டு.

(a) Registration போர்டை அமைக்கும் விஷயத்தில் மிக்க கவனம் செலுத்தவேண்டும். அதற்கு மெம்பர்களை தெரிந்தெடுப்பதிலும் முதலில் நன்குபரிசீலனை செய்யவேண்டும். சுதேச முறைகளில் உண்மையான நம்பிக்கையும், அதனை முன்னேற்ற மனப்பூர்வமாக விரும்பாத சிலரும், ஏற்கனவே பலசமயங்களில் ஏற்பட்டதுபோல், கமிட்டியில் ஸ்தானம்பெற்றுவிடும்படி விடக்கூடாது. அதனால் உத்தேச பலனும் கிடைக்காமல் போவதோடுகூட, யாருடைய நன்மையின் பொருட்டு கம்மிட்டி ஏற்படுத்தப்படுகிறதோ அவர்களுடைய மனஸ்தாபமும் ஏற்படுகிறது. சுதேச வைத்தியமுறைகளுக்கு நன்மைசெய்ய வேண்டும் என்ற நல்லெண்ணத்துடன் அரசாங்கத்தாரால் நியமிக்கப்பட்ட டாக்டர் கோமானுடைய அறிக்கையை சுதேசவைத்தியர்களும், சங்கங்களும் ஒருமனத்துடன் கண்டித்ததை இங்கு குறிப்பிடுதல் பொருந்தும். சுதேச வைத்திய முறையைப்பற்றிய காரியங்கள் செய்யவேண்டியகாலத்து அம்முறையில் பயிற்சியும், அனுபவமும் இல்லாத அன்னிய நிபுணர்களை ஆலோசனைகேட்கும் வழக்கத்தை அரசாங்கத்தார் அடியோடு நிறுத்தி விடவேண்டும். ஆயுர்வேதம், யூனானி, தமிழாகிய முறைகளுள் ஒவ்வொரு முறையிலும் யாவராலும் ஒப்புக்கொள்ளப்பட்ட கீர்த்தியும், நிபுணத்துவமும் உள்ள 6 பேர்களை நியமித்து, 18 பேர்கொண்ட சுதேசவைத்திய ரிஜிஸ்டிரேஷன் போர்டாக நியமிக்கலாம், ஆனால் மெம்பர்கள் நிபுணத்துவமும் ஆராய்ச்சியும் உடையவர்களாக இருப்பதோடுகூட தாமே சொந்தமாக தொழில் நடத்தி வருபவராக இருப்பின் சாலச்சிறந்தது.

ரிஜிஸ்டிரேஷன் ஆக்ட்.

(b) இக்கேள்விக்கு கம்மிட்டியார் எத்தகைய பதிலை எதிர்பார்க்கிறார்கள் என்று அறிவது கடினமாக இருக்கிறது. (Medical Registration Act)ஐ சுதேசவைத்திய முறைகளை அனுசரித்து எப்படி திருத்தலாம் என்பது கேள்வியாயின், அந்த சட்டத்தின் அடிப்படையான தத்துவத்தை ஒப்புக்கொண்டு, உள்ளிருக்கும் மற்ற ஷரத்துகளையும், விதிகளையும் மாற்றவேண்டிய வேலையை மேல்குறித்த ரிஜிஸ்டிரேஷன் போர்டார்வசமே விட்டுவிடலாம் என்று நினைக்கிறேன்.

மேலும் ரிஜிஸ்டிரேஷன் முறையை சுதேசவைத்தியர்கள் விஷயத்தில் எப்படி அனுஸரிக்கலாமென்கிற விஷயமாக ஓர்விதமுடிவை செய்வதற்குமுன்னர் 1920-ம் வருஷம் இந்தூரில்கூடிய அகில இந்தியசுதேச வைத்திய மகாநாட்டார் இதுவிஷயமாக அவர்களுடைய முடிவான அபிப்பிராயத்தைக் கூடிய சீக்கிரம் வெளியிடுவார்களாகையால் அதை அறிந்து கொள்ளுதல் நலம் என்று கருதுகிறேன். இன்னும் இதே விஷயமாக விசேஷசிரமப்பட்டு பரிசீலனை செய்துகொண்டு வருகிற டில்லி டிபி சம்மேளனத்தாரும் நிகில பாரதவைத்திய சபையாரும் தங்களுடைய வேலை முடிக்கும் தருவாயில் இருப்பதால் அவர்களுடைய அறிக்கையும் மிக்க பிரயோஜனமுள்ளதாகவேயிருக்கும்.

சுதேசவைத்திய சிகித்சைக்கும், நவீனமுறை சிகிச்சைக்கும் ஆகிற செலவுகளின் தாரதம்மியம்.

கேள்வி 8.—நவீனவைத்தியமுறையின்படி கிடைக்கும் வைத்தியசிகிச்சையைவிட சுதேசவைத்திய முறைப்படி கிடைக்கும் வைத்தியசிகித்சைக்கு செலவு மிகக்குறைவு என்றே சொல்லவேண்டும்.

நம் தேசத்திலிருந்து வெளியே கொண்டுபோகப்படுகின்ற மூலப்பொருள்கள் (Raw materials) அன்னியதேசங்களுக்குச்சென்று அங்கு ஏராளமான முஸ்தீபுகளுடனும் செலவுகளுடனும் நிர்மாணிக்கப்பட்டிருக்கிற ரசாயனசாலைகளில் விசேஷ பொருட்செலவின் பேரில் இயந்திர சாதனங்களைக்கொண்டு மருந்துகளாகத் தயாரிக்கப்பட்டு பிரயாணச்செலவும் கடற்சுங்க தீர்வைகளும் சேர்ந்து இத்தேசத்திற்கே அவைகள் மறுபடி திரும்பி வரும்பொழுது அவைகளின் விலைகள் மிக அதிகரித்துவிடுகின்றன. அப்படி இருக்கும் அம்மருந்துகள் இந்தியதேசத்தின் இயற்கை வளம், சீதோஷ்ண ஸ்திதி முதலியவைகளை ஒட்டி தயாரிக்கப்படுதலின்மையால் அதிகபலனைக் கொடுக்கமுடியாததாகவுமிருக்கின்றன.

ஆனால், சுதேச முறைகளின்படி தயாரிக்கப்படும் மருந்துகள் பலவும் தேசத்தின் நாலுபக்கங்களிலும் இயற்கையாய் தோன்றி எளிதில் விசேஷப் பொருட்செலவன்னியில் அடையக்கூடிய ஸ்தாவர லோகப்பொருள்களாகிற செடி, கொடி, இலை, பட்டை, வேர், தாமிரம், வெள்ளி, தங்கம் முதலியவைகளினாலேயே சுலபமான சில அரிய முறைகளால் சுத்திசெய்து மருந்துகளாக தயாரிக்கப்படுகின்றன. மேலும் ஜனங்களின் பழக்கவழக்கங்களை ஒட்டியும் சீதோஷ்ண ஸ்திதிக்குத் தக்கபடியும் மருந்துகள் தயாரிக்கப்படுதலால் அதிக குணம் உடையனவாகவும் இருக்கின்றன.

(Venereal and Carbuncular) என்று சொல்லக்கூடிய ரணம், கட்டிமுதலிய ரோகங்களுக்கு நவீன வைத்தியமுறையில் வெளிப்பிரயோகம் சஸ்திர சிகித்சை முதலியவைகளை கையாளுவதுபோலன்றி சுதேசமுறைகளில் அதிகசக்தியுள்ள இரண்டொரு மருந்துகளை சிறிதுநாட்களுக்கு உட்பிரயோகம் செய்வதினாலேயே குணப்படுத்திவிடக்கூடும். முக்கியமாக இதனால் மேகரோகங்களை நிவர்த்திசெய்யும் விஷயத்தில் நீடித்த நாள் ஆங்கிலவைத்தியத்துக்கு ஆகும் செலவில் மிகக் குறைந்த செலவுசெய்து சுதேசி முறைகளில் நீக்கிக் கொள்வது எளிது.

அன்னியமுறைகளில் தொழில்செய்யும் வைத்தியர்களும் சுதேச வைத்தியர்களைவிட தங்களுக்கு அதிகமான சம்பளத்தைப்பெற விரும்புகின்றனர். இதனால் பாமரஜனங்களுக்கு நவீன வைத்தியநிபுணர் கையிலிருந்து சிகித்சை பெறுவது ஓர் முடியாதகாரியமாகப் போய்விடுகின்றது.

அளவேறிய சிப்பந்திகளோடும் விலையேறப்பெற்ற கட்டடங்களோடும் அதனைச் சார்ந்த ஏனைய ரசாயனசாலைகளோடும், ஆயிரக்கணக்கான சம்பளத்தைப் பெறும் பல வைத்திய உத்யோகஸ்தர்களோடும் நடத்தப்படுகின்ற வைத்திய இலாகாவுக்கு ராஜாங்கத்தார் செய்யும் கோடிக்கணக்கான செலவும் குறைந்துபோகும்.

குறைந்த செலவில் தேசமெங்கும் நிறைந்து நிற்கக்கூடியவகையிலும் வைத்திய சிகித்சை இன்னும் கோடிக்கணக்கான ஜனங்களுக்கு கிடைக்கும் வண்ணமும் அபிவிருத்தி செய்யின் இச்சுதேச முறைகள் பலன்கொடுக்கும் என்பதில் சற்றும் ஐயமில்லை.

மேலும் சென்னையிலேயே நவீனமுறைப்படி நடத்தப்படும் ஓர் வைத்தியசாலையையும் சுதேசமுறைப்படி நடைபெறும் ஓர் ஸ்தாபனத்தையும் எடுத்துக்கொண்டு அவைகளின் செலவை ஒன்றோடொன்று நன்கு ஒப்பிட்டுப்பார்த்தால் விஷயம் நன்கு விளங்கும். சென்னை வேப்பேரியில் நடத்தப்படுகின்ற "செங்கல்வ நாயகர்" வைத்தியசாலையை எடுத்துக்கொண்டுபார்த்தால் சுதேச வைத்யத்திற்கு ஆகும் செலவு எவ்வளவு குறைவு என்பது நன்குபுலப்படும்.

ஒரு மாதத்திய கணக்கு.

1	இந்துக்கள்.	8,430
2	யுரேஷியர்கள்.	368
3	முகமதியர்கள்.	1,769

சராசரியாக தினம் 352 பேர்கள் வைத்திய சிகித்சை பெற்றிருக்கின்றனர். ஒரே தினத்தில் 429 பேருக்கு வைத்தியம் செய்யப்பட்டிருக்கிறது. ஆனால் இவ்வளவு பெரிய ஓர் ஆஸ்பத்திரியில் மாதம் ஏற்படும் செலவைக் கணக்கிட்டுப் பார்க்கும்பொழுது தினசரி நபர் ஒன்றுக்குச் செலவு 7½ தம்பிடியாகிறது. இதைவிடக் குறைந்த செலவில் எந்த வைத்

திய சிகித்சையையும் யாரும் எதிர்பார்க்க முடியாது. மேலும் நூற்றுக்கணக்கான யுரோஷியர்கள் இங்குவந்து சிகித்சை பெற்றுப்போயிருப்பதிலிருந்து கொடுக்கப்படும் சிகிச்சையின் உயர்வும் மருந்துகளின் மேன்மையும் நன்கு வெளியாகின்றன. இதனால் சுதேச வைத்திய முறைகளின்படி. சிகித்சைக்கு ஆகும் செலவு மிகக்குறைவு என்பது நன்கு விளங்கும்.

சுதேசமுறைகள் க்ஷீணமடைந்ததற்குக் காரணங்கள்.

கேள்வி 9.—(1) மேல் தேசங்களிலிருந்து இந்தியாவில் பரவிய அன்னிய நாகரீகமும், அதனிடம் ஜனங்களுக்கு துரதிருஷ்டவசமாக ஏற்பட்ட ஓர்புதிய மோகமும், அதன்பயனாக அவர்கள் மனதில் ஏற்பட்ட சில விபரீதகொள்கைகளால் அவர்களுடைய பழக்கவழக்கங்கள் பல மாறுபட்டதும், புராதன கொள்கைகளிலும் சாஸ்திரங்களிலும் அவர்களுக்கிருந்த நம்பிக்கையும் மதிப்பும் குறைந்ததும் சுதேச வைத்தியமுறையின் க்ஷீணநிலைமைக்கு முதல் காரணம்.

(2) அன்னிய கல்விமுறை ஒன்று தேசத்தில் ஏற்பட்டதும் அதன் பயனாக கல்விச் சாலைகள் அரசாங்க ஊழியர்களை சிருஷ்டிசெய்யும் தொழில்சாலைகளாக மாறியதும், சுதேச வைத்தியக்கல்வி உல்லங்கனம் செய்யப்பட்டு பாடமுறையில் சேர்த்துக்கொள்ளப்படாமல் போனதும் அடுத்த காரணமாகும்.

(3) இந்திய பிரஜைகளின் க்ஷேமத்தில் பெரிதும் நாட்டமுள்ளதாகப் பலரும் கருதி வருகின்ற, பிரிடிஷ் அரசாங்கத்தாரும், தங்களுக்குச் சொந்தமானதும், தங்களுக்கு மெத்த அனுபவப்பட்டதும், தங்களுடைய பூர்ண அனுதாபத்தைப் பெற்றதுமான இந்நவீன வைத்தியமுறையை எவ்வளவு ஆர்வத்துடன் இத்தேசத்தில் கொண்டுவந்து புகுத்தி, அதற்கேற்ற ஸ்தாபனங்களாகிற கல்விசாலைகளையும், ஆஸ்பத்திரிகளையும், ரசாயனசாலைகளையும், பொதுஜனங்களுடைய செலவில், மிகக பறபறப்புடன் ஏற்படுத்தினார்களோ, அவைகளை நாள்தோறும் விருத்திசெய்வதில் கண்ணும் கருத்துமாயிருந்தனர்களோ, அம்மாதிரியே இம்முறைகள் விஷயத்திலும் நடந்துகொள்ளாது, முற்றிலும் மாறுபாடான அபிப்பிராயம்கொண்டு, இவ்வைத்திய முறையைப்பற்றிய ஓர் ஆராய்ச்சியையேனும் செய்யவும், அதன் சிறப்பை அறியவும் சிறிதும் ஆசைகொள்ளாது, மவுனம் சாதித்துவிட்டதோடுகூட, இம்முறைகளை தக்கதோர் வைத்தியமுறையாக ஒப்புக்கொள்ளவும் மறுத்துவிட்டனர். மேலும், அனுபவத்தினால் இம்முறைகளிலுள்ள மேன்மையை அறிந்த ஜனங்களின் வற்புறுத்துதலுக்கிணங்கி, சில ஸ்தல ஸ்தாபனங்கள் (The municipalities of Cocanada, Ongole, Dindigul, and Chittoor) இவ்வைத்திய முறைகளுக்கு சிறிது உதவி செய்து வந்ததைக் கண்டும் அரசாங்கத்தார் மனம் சகியாமல், அம் முனிஸிபாலிடிகளைக் கண்டித்து பொருளுதவியையும் நிறுத்திவிட்டனர். சென்னை ஆயுர்வேத கலாசாலைக்கு நகரபரிபாலன சபையார் கொடுத்துவந்த பண உதவியையும் ராஜாங்கத்தார் முதலில் தடுத்து, பிறகு அனுமதிகொடுத்தனர். இத்தகைய நடவடிக்கைகள் சுதேச வைத்தியர்கள் மனதில் ஓர் பெரிய துக்கத்தையும் அவநம்பிக்கையையும் உண்டுபண்ணி, சுதேச வைத்திய முறைகளின் வீட்சிக்கு மற்றொரு காரணமாயிற்று.

(4) ஆங்கிலம் ராஜாங்க பாஷையாக ஏற்பட்டு கல்விமுறைக்கின்றியமையாத பல வகைப் புத்தகங்களும் அந்த பாஷையிலேயே புத்தகரூபமாக தொகுக்கப்பட்டபொழுது ஆயுர்வேதம் சமஸ்கிருதத்திலும், யூனானி இந்துஸ்தானியிலும், சித்தர்முறை தமிழிலும், அப்படியே விட்டுவிடப்பட்டதோடு, அவைகளை சீர்திருத்தி பாடபுத்தகங்களாக ஏற்படுத்துவதற்குரிய முயற்சிகள் செய்யப்படாமல்போயின.

(5) சுதேச வைத்தியமுறைகளைக் கையாள்வோர் தங்களுடைய சாஸ்திரீய ஆராய்ச்சியைவிட அனுபவத்திலும், வைத்தியப்பயிற்சிக்காக கல்விஸ்தாபனங்களைவிட குரு சிஷ்ய முறைகளிலும், விசேஷ நம்பிக்கை வைக்கின்றார்களாகையால், மேனாடுகளைப்போல் பள்ளிக்கூடப் படிப்பைக்கொண்டு வைத்திய அபிவிருத்தியை இத்தேசத்தில் செய்யமுடியாமல் போய்விட்டது.

(6) அரசாங்கத்தின் பக்கபலமும் ஆதாவும்பெற்று விசேஷ பணச்செலவின் பேரில் ஆங்காங்கு நடத்தப்படும் நவீன வைத்திய ஸ்தாபனங்களோடு அளவிலும் சிகிச்சாபரிமாணத்திலும் போட்டிபோட்டு திறமையுடன் நடத்தப்படவழியின்றி அனேக சுதேச ஸ்தாபனங்கள் ஒளிமழுங்கி, அழியவேண்டியிருந்தன.

(7) பாரம்பர்யமான அனுபவத்தை ஒட்டி திறமையாக வைத்தியம் செய்துவந்தவர்களும் நவீன வைத்தியஸ்தாபனங்கள் மூலமாய் ஓர் கவுரவம் பெறுவதும், செல்வாக்குடன் தொழில் நடத்துவதும் முடியாமல் போய்விட்டது.

(8) போதிய பயிற்சியும், அனுபவ முதிர்ச்சியும், இல்லாமல் தொழில் நடத்தி ஜனசமூகத்துக்கு தீங்கு உண்டுபண்ணக்கூடியவர்களைத் தடுப்பதற்கு Medical Registration Act போன்ற ஒரு சட்டம் இல்லாமையால், அனேகர் உதிரபோஷணைக்காக வைத்திய தொழிலிற் புகுந்து, இம்முறைகளின் மதிப்பைப் பெரிதும் குறைத்துவிட்டனர்.

(9) கூட்டுறவு முயற்சியில் ஈடுபட்டு, பலவித இடையூறுகளின் நடுவே மெலிந்து நிற்கும் இச்சுதேச முறைகளை அபிவிருத்தி செய்வதற்காக விடாமுயற்சியுடனும், தன் மதிப்பை காக்கவேண்டிய கவுரவ உணர்ச்சியுடனும் வேலைசெய்து, ஜனாபிமானத்தையும் ஆதரவையும் கைக்கொண்டு, தங்கள் முறைகளின் மேன்மையை வெளிப்படுத்தத்தக்க தலைவர்களும், அவர்களின் கீழ் மிக்க வலிமைபொருந்திய ஓர் சுதேசி வைத்திய இயக்கமும் நடைபெறவில்லை. ஆங்காங்கு தேசத்தில் சிற்சில இடங்களில் எழுந்த சில முறையீடுகளும் உபபல குறைவினால் பயனளிக்க ஏதுவில்லாமல் போய்விட்டது.

சுதேச வைத்தியமுறைகள் ராஜாங்கத்திற்கேற்றன.

கேள்வி 10. —சுதேச வைத்திய முறைகளை ராஜாங்கத்தார் எப்படி அபிவிருத்திசெய்யக் கூடுமென்ற விஷயத்தை யோசிப்பதற்கு முந்தி அதை ராஜாங்கத்தார் ஏற்றுக்கொள்ளவேண்டிய அவசியத்தைச் சற்று கவனித்தல் நலம். இவ்வைத்திய முறைகள் பலவும் அன்னிய தேசங்கள் நாகரீகவாசனையைக்கூட அறியாமல் இருந்தகாலம்தொட்டு ஏற்பட்டு அசோகன் முதல் அவுரங்கசீப் வரையிலுள்ள சக்ரவர்த்திகளாலும் பற்பல சுதேச சமஸ்தானங்களாலும் மிகச் செல்வாக்குடன் கொண்டாடப்பட்டு ஏராளமான வைத்திய சிகித்சையை தேசமெங்கும் குறைந்தசெலவில் கொடுத்துவந்ததோடுகூட அம்மன்னர்களும் இத்தெய்வீக முறைகளின் பிரபாவத்தில் உண்மையுடன் ஈடுபட்டு பல போக போக்கியங்களை அனுபவித்து நீண்டநாள் சுகஜீவிகளாக வாழ்ந்து வந்தனர் என்பது சரித்திரவாயிலாக நன்கு அறியக்கிடக்கின்றது.

இனி ராஜாங்கத்தார் முக்கியமாகச் செய்யவேண்டியவைகளாவன.—சுதேச வைத்தியமுறைகள் சாஸ்திர ஆராய்ச்சியால் ஏற்பட்டதல்ல என்றும், அவை ஓர் கட்டுப்பாடான கொள்கைகளின் திரட்டே என்றும் கருதுவதை உடனே நீக்கிவிடவேண்டும். சிறிது ஆலோசித்துப் பார்க்குங்கால் இச்சுதேச முறைகளைப்போல் Scienceஐ ஆதாரமாகக் கொண்டுள்ள சாஸ்திரமுறைகள் இவ்வுலகின்கண் மிகச் சொற்பமே என்று கூறலாம். சரீரத்துவங்களின் ஆராய்ச்சியை வருஷக்கணக்காகச் செய்து நாடிகள் எழுபத்தீராயிரம் என்று நிர்ணயித்ததும், அந்நாடிகளின் மூலமாக சரீரத்தினுள் நிகழும் எந்த வியாதியையும் யாதொரு இயந்திர உதவியுமில்லாமல் கண்டுபிடிக்கக்கூடிய வழிகளைக் கண்டறிந்ததும் ரத்தத்தினுடைய நிறம் பித்தத்தை ஒட்டி மாறுதலடையக்கூடியது என்ற உண்மையையும், இந்திரிய(விந்து)த்தினுடைய இருப்பிடம் மார்புதான் என்பதையும், கண்டுபிடித்து உலகத்துக்கு முன்னே வழிகாட்டிய இம்முறைகளை Scienceஐ ஆதாரமாகக் கொள்ளவில்லை என்று நினைப்பது சரியல்ல.

இந்துதேசத்திலுள்ள சில கொள்கைகள் இம்மாதிரியே வெளிப்பார்வைக்கு உபயோகமற்றவை என்று கருதக்கூடியதாக இருப்பினும், அவைகளையும் பெரியவர்கள் தக்க ஆராய்ச்சிசெய்தபிறகே ஏற்படுத்தி இருக்கின்றனர் என்பது சிறிது ஆராய்ச்சிசெய்தால் நன்கு புலப்படும். உதாரணமாக, இந்து மதத்தில் "எச்சில்" என்ற பதார்த்தத்தை தீண்டக்கூடாது என்பதும், தீண்டின், உடனே சுத்தம் செய்யவேண்டும் அல்லது முழுகவேண்டும் என்பதும் விதி. இதை அன்னிய தேசத்தினர் ஒரு உபயோகமுள்ள கொள்கையாக மதிப்பதேயில்லை. ஆயினும் Scientific ஆராய்ச்சியின் பயனாக எச்சில் (Saliva) காற்றில் சம்மந்தப்பட்டவுடன் ஓர்வித விஷத்தன்மையை அடைகின்றதென்று கண்டுபிடிக்கப்பட்டிருக்கிறது.

"Saliva when exposed to air accumulates a poisonous substance in it." இதனால் வெகு சமீபத்தில் Scienceஆல் கண்டுபிடிக்கப்படுகிற பல உண்மைகள் ஆயிரக்கணக்கான வருஷங்களுக்கு முந்தியே இந்தியர்களுக்கு நன்கு தெரியும் என்று விளங்குகின்றது.

அரசாங்கத்தார் செய்யவேண்டியது.

1. சுதேச வைத்தியமுறைகளையும், சிகித்சைக்கு ஏற்றபலன் தரத்தக்க சாஸ்திரங்களோடுகூடிய அனுபவசித்தியுள்ள ஓர் முறையாக உடனே ஒப்புக்கொள்ளவேண்டும்.

2. ஒப்புக்கொண்டபிறகு, அம்முறைகளை எளிதில் அனுபவசாத்தியமாகும்படி நடைமுறை திட்டங்களோடுகூடிய கல்விஸ்தாபனங்களையும், அவற்றை ஒட்டிய சிகித்சாசாலைகளையும், ரசாயன சாலைகளையும் தேர்ந்த நிபுணர்களின் உதவியைக்கொண்டு நிருமாணித்து ஒவ்வொரு முறைக்கும் வெவ்வேறு ஸ்தாபனங்களை ஏற்படுத்தவேண்டும். பரீக்ஷார்த்தமாக சில ஸ்தாபனங்களை சென்னையிலேயே ஏற்படுத்தியாகிலும் திருப்திகரமாக இப்பொழுது வேலை செய்துவரும் சில ஸ்தாபனங்களை பார்வையிட்டாகிலும் உசிதமான ஏற்பாடுகளைச் செய்யலாம்.

3. சுதேச வைத்திய முறைகளைத் தழுவி ஏற்படுகின்ற ஸ்தாபனங்கள் அனைத்தும் ராஜாங்கத்தாரின் நேரான மேன்பார்வையின்கீழ் நடத்தப்படவேண்டியதவசியம். அவ்வப்போது பார்வையிட்டு அனுப்பப்படும் ரிபோர்ட்டுகளை ஆதாரமாகக்கொண்டு சமயோசிதமான சீர்திருத்தங்களையும் சிபார்சுகளையும் செய்யவேண்டும்.

4. ஆங்காங்கு நிருமாணிக்கப்படும் சுதேச வைத்திய ஸ்தாபனங்கள் பலவும் திறமையுடன் நிருவகிக்கப்படும்வண்ணம் தேர்ச்சிபெற்ற சுதேச வைத்தியர்கள்கொண்ட ஓர் உத்தியோகவர்க்கத்தையோ அல்லது ஓர் சிப்பந்தி இலாகாவையோ ஏற்படுத்தலாம்.

5. மேற்கூறிய நான்காவது ஏற்பாடு அனுஷ்டான சாத்தியமில்லாமல் போமாயின், தனிப்பட்ட நபர்களாலோ அல்லது சங்கங்களாலோ நடத்தப்படும் சுதேச வைத்திய ஸ்தாபனங்களைப் பார்வையிடச்செய்து அவைகள் செய்துவரும் வேலைக்கேற்ப கல்விமுறையிலுள்ள Grant-in-aid என்ற முறையை வைத்தியமுறையிலும் அனுசரித்து தகுந்த grantகளை கொடுத்து அந்த ஸ்தாபனங்களை அபிவிருத்திசெய்யலாம்.

6. இன்னும் இவ்வைத்திய முறைகளின் முன்னேற்றத்தை நாடி சமயோசிதமான சிபார்சுகளையும் சட்டதிட்டங்களைப்பற்றிய யோசனைகளையும் அரசாங்கத்தாருக்கு அவ்வப்போது எடுத்துச் சொல்வதற்காக சம எண்ணிக்கைக்கொண்ட ஆயுர்வேத, யூனானி, தமிழ் வைத்திய நிபுணர்கள் கொண்ட ஒரு சபையை Medical Advisory Committeeயாக நியமிக்கலாம்.

ஸ்தல ஸ்தாபனங்கள் செய்யவேண்டியது.

1. அரசாங்கத்தினரின் நேரான மேற்பார்வை அவசியமில்லாததாகவோ அல்லது முடியாததாகவோ இருக்குமிடங்களிலுள்ள ஸ்தாபனங்கள், ஸ்தல ஸ்தாபனங்கள் வசம் ஒப்படைக்கப்படலாம்.

2. சுதேச வைத்தியமுறைகள் பலவற்றிற்கும் மூலப்பொருள்களாக இருக்கக்கூடிய மூலிகைத் தோட்டங்கள் வைத்திய ஸ்தாபனங்களின் சமீபமாகவே இருக்கவேண்டியது மிக்க அவசியமாதலால், அத்தகைய தோட்டங்களை சவுகரியமான இடங்களில் ஏற்படுத்திக்கொடுத்து, அவற்றை கண்காணிக்கும் வேலையும் ஸ்தல ஸ்தாபனங்கள் வசம் விட்டுவிடப்படவேண்டும்.

3. சுதேச வைத்திய முறையைப்பற்றிய சாஸ்திர ஆராய்ச்சியை தங்களுடைய சாவகாசமான நேரங்களில் இவ்வைத்தியர்கள் செய்வதற்கனுகூலமாக பல இடங்களிலும் கிடைக்கக்கூடிய சாஸ்திர புஸ்தகங்களை ஒன்றுசேர்த்து முக்கியமான இடங்களில் "புஸ்தகசாலைகளை" நிருமாணிக்கவேண்டும். இதனால் ஒவ்வொருவரும் பிரத்தியேகமாய் ஓர் குறிப்பிட்ட சாஸ்திரத்தின் நிமித்தம் வீணான கஷ்டமடைதல் ஒழிந்துபோகும்.

4. சுதேச வைத்தியஸ்தாபனங்கள் சம்பந்தமாக ஏற்பாடு செய்யப்படும் கட்டடங்களுக்கான Designsகளைத் தயாரிப்பதும், அதை தங்களுடைய (Engineering Department) மூலமாக கட்டிக்கொடுப்பதும், அதைப்பற்றிய வேலைகளில் பிரத்தியேக நபர்களுக்கும் உதவி செய்வதும், ஸ்தல ஸ்தாபனங்களிடம் ஒப்படைக்கப்படவேண்டிய வேலை.

சர்வகலாசாலை செய்யவேண்டியது.

1. வைத்தியமுறை கல்வியை ஏற்படுத்தி, அதற்கேற்ற பாடங்களைத் தயாராக தொகுப்பித்து, பரீக்ஷை சம்பந்தமான வேலைகளையும், Allopathic Schoolகள் எத்தகைய உதவியை அடைந்து வருகின்றனவோ அவற்றையே இவைகளுக்கும் அளிக்கவும்வேண்டும்.

பரீக்ஷைக்கு கேள்விபத்திரம் தயாரித்தல், பட்டமளிக்கும் விஷயத்தில் செய்யவேண்டிய ஏற்பாடுகள் முதலிய வேலைகளைப் பொறுப்புடன் ஏற்றுக்கொண்டு வேலைசெய்யக்கூடியபடி Medical Examiners Board ஒன்றை ஏற்படுத்தவும், அதற்குரிய மெம்பர்களின் யோக்யதையைக் குறிப்பிட்டு கவனத்துடன் அவர்களைத் தேர்ந்தெடுத்து, அவர்கள் விஷயமாகச் செய்யவேண்டிய Remuneration முதலியவைகளையும், பரீக்ஷைக்கு ஆஜராகும் மாணவர்கள் கட்டவேண்டிய கட்டணத்தையும் நிர்ணயம்செய்து, வைத்திய கல்விச்சாலைகளைப் பொறுப்புடன் ஏற்று நிர்வகிக்கும் வேலையையும் சர்வகலாசாலையார் ஏற்றுக்கொள்ளவேண்டும்.

தனிப்பட்ட நபர்களும் சங்கங்களும்.

1. கூட்டுறவு முயற்சியை வைத்திய சமூகத்திலும், ஜனசமூகத்திலும், அபிவிருத்தி செய்து சுதேச வைத்திய முறைகளுக்கு ஊக்கமூட்டுவது.

2. Joint stock என்ற முறையை அனுசரித்து ஏற்படும் பல வியாபாரக் கம்பெனிகளைப் போலவே, இந்திய வைத்தியமுறையிலுள்ள நல்ல மருந்துகளை திறமையான ஆசாமிகளால், தக்க ரசாயன சாலைகளை ஏற்படுத்தி, அவற்றில் தயார்செய்து, குறைந்த விலைக்கு ஏழைகளுக்கு உதவுதல்.

3. சுதேச வைத்திய முறைகளின் மேன்மையையும், அவற்றை அபிவிருத்தி செய்யவேண்டிய அவசியத்தையும் நன்கு விளக்கிக்காட்டக்கூடிய துண்டுபிரசுரங்களை ஏராளமாக அச்சிட்டு, விநியோகித்து, பொதுஜன உணர்ச்சியைக் கவர்தல்.

4. சாஸ்திரீய புஸ்தகங்களிலிருந்து வெளியாகும் பல அரிய தத்துவங்களையும், எல்லோரும் அறியும்வண்ணம் ஆராய்ச்சிக்காரர்களின் பல மேற்கோள்களுடன் வியாசரூபமாக வெளியிடக்கூடியதாயும், வைத்தியப்பயிற்சி செய்வோருக்குள் சமரஸபாவத்தையும், ஒற்றுமை உணர்ச்சியையும், வளர்க்கக்கூடியதாயும், சமூக முன்னேற்றத்தைநாடி உழைக்கக்கூடியதுமான பல பத்திரிகைகளை வைத்து நடத்தல்.

5. சாஸ்திரங்களிலுள்ள சில முக்கியமான விஷயங்களையும், அபிப்பிராயபேதமுள்ள விஷயங்களையும், எளிதில் வைத்தியர்கள் எல்லோரும் ஒருங்குகூடி நன்கு விவாதம்செய்து விஷயங்களை முடிவுசெய்வதற்கு ஏதுவாய் அவ்வவ்விடங்களில் தர்க்க சபைகள் (Debating societies) ஏற்படுத்தல்.

6. வகுப்பு முன்னேற்றத்தைநாடி உழைக்கும் சங்கங்களின் மூலமாகவோ, அல்லது சில நிபுணர்களை அச்சங்கங்களின் சார்பில் நியமித்தோ சாஸ்திர ஆராய்ச்சியை இடைவிடாது செய்வதோடுகூட, அவற்றை கூடியமான இடங்களிளெல்லாம் மேனாட்டு சங்கே தங்களுடன் பொருத்துவதற்கு முயற்சிசெய்வதும் வேண்டும்.

7. ஏழைகளுக்கு தர்மவைத்தியம் செய்வதற்கேற்ற தர்மவைத்தியசாலைகளை ஏற்படுத்தலும், ஏற்பட்டுள்ளவைகளை ஆதரித்தலும்.

8. Boy scouts organization போன்ற வழியில் முக்கியமான இடங்களில் சுதேச வைத்திய Campகள் ஏற்படுத்தி, அவற்றில் வாலிபர் பலரை சமூகசேவைக்கும், வைத்திய சிகித்சைக்கும் பயிற்சிசெய்வித்து, விசேஷகாலங்களில் ஆங்காங்கு அனுப்பி உதவிசெய்தல்.

9. சாஸ்திரீயமான வழியில் நன்கு தயாரிக்கப்பட்ட மருந்துகளுக்கும், அவற்றை மிக்க சிரமத்துடன் தயாரித்து வெளியாக்கிய பண்டிதர்களுக்கும், உற்சாகமூட்டும்பொருட்டு அவ்வப்போது "கண்காக்ஷிசாலைகள்" (Exhibition) கூட்டி சன்மானம் செய்தல்.

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M.R.Ry. Pandit R.M.K. VELUSWAMI PILLAI Avargal.

கேள்விகளுக்கு பதில்கள்.

கேள்வி 1.—உபவேதம் நாலு என்று வடமொழியார் பெயர்வைத்ததே தவிர அப்படி உபவேதங்கள் வடமொழியிற் கிடையாது. ஆயுள்வேதமென்ற நூலும் வடமொழியிற் கிடையாது. ஆயுர்வேதம் என்பது நான்குவேதம், 6 சாஸ்திரம், 18 புராணம், 64 கலைக்கியானம். இதுகளில் பிர்மாவால் 4 வேதங்களுக்கும் உபவேதம், அதாவது, அர்த்தவேதம், ஆயுர்வேதம், காந்தர்வவேதம், தனுர்வேதம்; இந்நான்கில் ஒன்றாகிய ஆயுர்வேதத்தில் நோய் அணுகாமலும் அனுசரித்த நோயை நீக்கி இவ்வுலகின்கண் சுகமாய் வாழும்படியான விதிகளில் சொல்லப்பட்ட நூலாகும். மற்றும் சில நூல்களில் சிவன் தேவிக்கு உபதேசித்த ஆயுர்வேதத்தை தேவியால் நந்தீஸ்வரருக்கும் அந்த நந்தியானவர் தேவர்களுக்கும் முனிவர்களுக்கும் சித்தர்களுக்கும் சொல்லிவைத்ததாகவும் சில சாஸ்திரங்கள் கூறுகிறது.

வைத்தியசாஸ்திரம், ரசவாதம், சோதிஷம், யோகசாஸ்திரம், மந்திரசாஸ்திரம், சிற்பசாஸ்திரம், சங்கீதம், வாத்தியம், தனுர்வித்தை, சுவர்ண பரீக்ஷை, ரத்ன பரீக்ஷை, அஸ்வ பரீக்ஷை, ரத பரீக்ஷை, கஜ பரீக்ஷை, யுத்தலக்ஷணம், மல்யுத்தம், ஆகாஸபிரவேசம், ஆகாசகமனம், பரகாயப்பிரவேசம், இந்திரசாலம், மந்திரஜாலம், அக்னிஸ்தம்பம், ஜலஸ்தம்பம், வாயுஸ்தம்பம், சாமுத்திரிகாலட்சணம், நீதிசாஸ்திரம் முதலிய 64 கலைக்கியானங்களில் தேர்ச்சியடைந்து அனுபவித்தவர்களாகிய அகஸ்தியர் முதலிய 18 சித்தர்களும் 64 கலைக்கியானங்களையும் ஒருங்குதிரட்டி வைத்தியநூலாக தமிழில் லட்சக்கணக்கான கிரந்தங்களை வெளியிட்டிருக்கிறார்கள்.

ஆயுள்வேதம் என்ற சொல்லே தமிழ் சம்ஸ்கிருத வைத்திய நூல்களில் கியாழம், சூரணம், நெய், லேகியமுதலிய மக்களுறை, குருறை தவிர தெய்வவுறைபாகிய பற்பம், செந்தூரம், சுன்ன முதலியன கிடையா. அறுபத்திநான்கு கலைக்ஞானங்களில் வைத்திய சாஸ்திரமும் ஒன்று. அப்படி வெளியிட்ட சித்தர்களே சம்ஸ்கிருதம், நாகரம், தெலுங்கு முதலிய பாஷைகளில் வைத்திய சாஸ்திரங்களையும் வெளியிட்டிருக்க சமஸ்கிருத வைத்தியமே ஆயுள்வேதம் என்றும் தமிழ்வைத்தியம், சித்தர் வைத்தியம் என்றும் பிரித்துவிடுவதுக்கு ஆதரவு இல்லை. ஆகையால்,

சித்தர்வைத்தியம் என்ற கேள்விக்கு தமிழ் ஆயுள்வேதத்தைப்பற்றி நான் கூறும் மறுமொழிகளாக கொள்ளல் வேண்டும்.

கேள்வி 2.—(a).—தமிழ் ஆயுள்வேத வைத்திய சாஸ்திரப்படி வியாதி உண்டானதற்கு காரணம் சொல்லுமுன் உங்கள் கேள்வியில் மானிடற்கு அல்லது மிருகங்களுக்கு இதில் எந்தவகை இனத்திற்கு நோய் உண்டாகும் காரணம் என்று குறிக்கவில்லை. ஆயினும், மானிடற்கு வரும் வியாதிக்குமட்டும் மறுமொழி கூறுமுன் சில விஷயம் சொல்லாமலிருக்கமுடியவில்லை.

தமிழ் நூல்களின்படி நோய் 4,448. மானிடருக்கு வரும் நோய் 72,000 என்றும், மானிட சரீரமானது 72,000 நரம்புகளால் அமைக்கப்பட்டு நரம்புக்கோர் வியாதியாகவும் ஒவ்வோர் நரம்புக்கும் வரும் வியாதியின்குணம் லட்சணம் அதற்கு மருந்தும் எழுதவேண்டுமானால் ஒரு கோடி நூல் வேணடும் என்று 18 சித்தர்களிலும் மகாமகுத்துவம் பொருந்திய அகஸ்தியர், பாண்டு வைப்பு 600, எனும் தமிழ் வைத்தியசாஸ்திரத்தில் சொல்லியிருக்

கிறார். ஷெ கிரந்தகர்த்தாவே ஒரு கோடி நூல்வேண்டும் என்று சொல்லும்போது அத்தனை பெரிய ஒரு கேள்விக்கு பதில் எழுத எத்தனை நூறு வயதுள்ள ஒரு மனிதன் வேண்டும்.

72,000 நரம்பிலும் 72,000 வியாதியும் உற்பத்தியாகும் காரணம், 72,000 விதம்—

அதிலும் சிரசுதனில் வியாதி	10,864
அரைக்கும் மேல் வியாதி	40,672
அரைக்கும் கீழிருந்து பாதம்வரை	20,464
ஆக மொத்தம் ...	72,000

இதிலும் இப்படி 3 வகையாகப் பிரிக்கப்பட்டிருக்கிறது. அகஸ்தியர் பாண்டுவைப்பு 600 ல் 348-வது பாட்டு இத்தனை பெரிய விஷயத்தை நவீன சாஸ்திர ரீதியாய் பரீட்சை செய்து பார்க்கப்படும்போது எவ்வளவுமட்டில் நிற்கும் என்பதை திரிகால வர்த்தமானங்களும் தெரிந்துணர்ந்த ஞானிகளால் பதிற் சொல்லவேண்டியவிஷயம்.

அடுத்த நிமிஷம் நமக்கு வருவது இன்னது என்று அறியக்கூடிய வல்லமையில்லாத நான் பேசக்கூடிய விஷயமன்று (தமிழ் வைத்திய சாஸ்திரம் சமுத்திரத்தின் கரை கண்டாலும் இதைக் கரைக்காணமுடியாது என்றும் சொல்லப்பட்டிருக்கிறது ஷெ 600 ல்).

ஆயினும் நோயுண்டாவதற்கு பொதுவாக சில மூலகாரணம் உண்டு. அதைப்பற்றி பேசுவோம். ஒருவன் புசிக்கும் உணவினாலேயே சர்வ வியாதிகளும் வரும் என்பதற்கு அகஸ்தியர் பாடிய ஆயுர்வேதம் பத்தாயிரத்தை சுருக்கிப்பாடிய வைத்தியகாவியம் 1,500 ல் சொல்லப்பட்டிருக்கிறது. அதில் 8-வது, 9-வது பக்கங்கள் பார்த்தால் தெரியவரும் :— அவையாவன : 33, 35, 36 பாட்டுகள் 33-வது பாட்டில் நோய்கள் எல்லாம்,

1. வாய்வால் வளரும் என்றும், அந்த வாய்வு எப்படி உண்டாயிற்று என்றால் மந்தமானால் வாய்வு புகுந்திடும் என்றும் அந்த மந்தம் எப்படி வந்தது என்று பார்க்கப்போனால் மிகுந்து புசிக்கும் அன்னத்தாலும். இறைச்சியாலும், மா பண்டத்தாலும், எருமைப்பாலாலும் மந்தம், வாய்வு, மேகம் பிறப்பதாயும் சொல்லப்பட்டிருக்கிறது.

அன்னத்தாலே எடுத்த இந்த உடல் அந்த அன்னம் மீறில் தனிப்பழியாய்க் கொல்லும். மிதமிஞ்சிப் புசித்த அன்னமே சகல நோய்க்கும் விதையாகுமென்றும் ஷெ 35-வது பாட்டில் சொல்லப்பட்டிருக்கிறது.

இன்னம் என்ன சொல்கிறார் என்றால் ‘சகல வித்துக்கும் தத்துவத்தை சொல்கிறேன் கேள்’ என்று சொல்வதைப் பார்த்தால் 5 பஞ்சபூதத்தால் எடுத்த இந்த மானிட சரீரமானது 96 தத்துவங்கள், அதாவது 96 கருவிகளாய் அமைக்கப்பட்டிருப்பதில் நோய்க்கு 3 ஸ்தானம் அமைந்திருக்கிறது. ஒருவன் புசிக்கும் உணவைப் பொறுத்து அந்தந்த ஸ்தானங்களில் நோயுண்டாகிறது.

2. தசநாடியும் தசவாய்வும் இதுகளில் அபானன் என்ற வாய்வு மலத்திலும் (வாதநிலே). பிராணன் என்ற வாய்வு நீரிலும் (பித்தநிலே), சமானன் என்ற வாய்வு கபத்திலும் (ஐயநிலே) நின்று முத்தோஷமாய் அமைந்திருக்கிறது. இடை பின்சுழியென்ற 3 நாடிகளுடன் பாக்கி 7 நாடிகளும் சேர்ந்து ஒரே நாடியாய் முப்புரிக்கயிர்போலமைந்து வாதம் மலத்திலும் பித்தம் நீரிலும் ஐயம் கபத்திலுமாக நின்று அவையவை தன் தொழிலைச் செய்வதில் ஒருவன் மலபந்தனி என்ற வஸ்துக்களை புசித்தால் அபானவாய்வு விகற்பமடைகிறது. இவன் உண்ட கஞ்சா, அபின்போன்ற மலபந்தனி என்ற அதன் குணத்துக்குத் தக்கபடி மலபந்தமடைகிறான். உடனே வாதஸ்தானத்தில் நோய் உண்டாய்விட்டது. மல விரேசனகாரி குணமுள்ள நேர்வாளம், சிவதைவேர், இந்துப்பு போன்ற வஸ்துகளால் மலங்கழிக்கப்பண்ணும்போதும் முன் மலத்தைகட்டிய அந்த அபானவாய்வே தற்சமயம் மலத்தை கழிக்கச் செய்கிறபோதும் - அபானவாய்வு விகற்பமடைகிறது. அபானவாய்வின் தொழில் என்னவென்றால், காலாகாலத்தில் மலஜலத்தை கழிபித்துக்கொண்டிருத்தலேயாம்.

அதுபோல ஒருவன் உண்ட அன்னசாரத்துக்கு தகுந்தபடி தசவாய்வும் வேலை செய்யும்போதும், அதனதன் சுபாவ ஸ்திதிக்கு மாறிமாறி நடக்கவேண்டியவை நேரிடும் போதும் அவைகள் விகற்பமடைவதால் தசவாய்வும், தசநாடியும் உண்மையில் தனக்குள்ள குணங்களை இழக்க நேரிடுவதாலும், ஒருவன் வியாதியில் பீடிக்கப்படுகிறான் என்பது நிதர்சனமாகிறது.

3. வாதத்தால் வாய்வும், பித்தத்தால் வெட்டையும், ஐயத்தால் சீதமும் அன்னத்தினாலேயே வளர்வதாய் அகஸ்தியர் வைத்திய காவியம் 1,500, 36-வது பாட்டில சொல்லப்பட்டிருக்கிறது.

4. ஷை 43-வது பாட்டில் எண்ணெயுடன் தீர்த்தமாடி தயிர்கூட்டி புசித்து பின் மந்தமாயிருக்கும்போது புணர்ச்சி செய்தால் வாய்வு கபாலத்தேறி சுகசன்னி வருவதாயும், 45-வது பாட்டில் பசியில்லாமல் புசிப்பதாலும், வாய்வு மலம் இவைகளை அடக்கிவைப்பதாலும், மூலரோகம் வருவதாயும் சொல்லப்பட்டிருப்பதைப்பார்க்க அக்கிரம உணவே சர்வ நோய்க்கும் ஆதாரவு எனவும் நன்றாய்த் தெரிகிறது.

5. அகஸ்தியர் வல்லாதி வைத்தியம் 600 ல் 5, 6, 7, பாட்டுகளில் விந்து அழிந்தே மேகம் உண்டானதாயும், 43-வது பாட்டில் நோய் வருவதேதென்றுக்கால் அதிபோக இச்சையாலும் சூடு, மேகம் உண்டாகி வாய்வுசேர்ந்து நோயுண்டானதாயும் கெற்ப பத்தில் புணர்ச்சிமீற, கொல்லும் நோய் என்றும் சொல்லப்பட்டிருக்கிறது.

6. அகஸ்தியர் வைத்திய காவியம் 1500-ல் 37, 38, 39, 40, 41, 42-வது பாட்டுகளில் தினந்தோறும் போகம் செய்வதாலும் மந்தமான ஆகாரம் புசித்தபோதும் பசியாயிருக்கும் போதும் சையோகம் செய்வதால் கனல் உண்டாகி விந்துகெட்டு புண், ரணம், மேகம், கிரந்தி, சூலை, வாய்வு, சுரம் வரும்; அப்போது அன்னத்தைக் காட்டாதே என்றும் சொல்வதால் ஒருவன் புசிக்கும் ஆகாரமே நோய்க்கு மூலகாரணம் என்று உறுதிப்படுத்தப் படுகிறது.

7. ஷை நூல் 16 பக்கம் 18 வகை குஷ்டமும் வரும்விதம்.—87-வது பாட்டில்,

மேகத்தாலும், கிரந்தியாலும் குஷ்டம்	6
வண்டு கடியினாலே	8
புழுவால் கடிபட்டு	4
	18

8. குஷ்டம் வருவதாலும் வாதம் வாய்வு அபானவாய்வினாலும், பித்தம், தேய்வு பிராண வாய்வாலும், ஐயம் தன்னீர் சமானன் வாய்வாலும் இந்த 3 வாய்வுக்களால் ஆக்கவும் அழிக்கலாகும் என்றும் சொல்லப்பட்டிருக்கிறது. வாதம்—மலம், பித்தம்—நீர், ஐயம்—கபம் இந்த இடங்களில் பகையானதும் வியாதிவருவதாய் சொல்வதிலிருந்து நாம் புசிக்கும் விதம் எப்படி ஜாக்கிரதையாய் புசிக்கவேண்டும் என்பதை குறிக்கிறது.

9. அகஸ்தியர் வைத்தியம் பின் 80-ல் க்ஷயரோகம் வருதல்.—மூலத்தில் சூடுகொண்டு கபாலத்தில் முட்டி தாதுவெல்லாம் கலகலத்து ரத்தம்வற்றி நீர் ஏறி சுரம்தோன்றி உளச்சலொடு பீனிசமும் நாக்குருசியற்று 8 வகை க்ஷயங்களாகி 6 வித இளப்புவரு மென்றும் சொல்லப்பட்டிருக்கிறது. இப்படியே எழுத விரியும். பெரியவர்கள் தான் அக்கிரம புசிப்பு, நடக்கை இவைகளால் வியாதியடைகிறார்கள். பிறந்த குழந்தைக்கு நோய் வருவதேன் என்று ஒரு கேள்வி பிறக்கலாம்.

10. தாய் தகப்பன் இரண்டு பேருக்கும் உள்ள வியாதிகள் அவாள் சுக்கில சுரோணித் ததிலுமிருப்பதாலும் அவைகளும் கருவிலமைந்தே குழந்தையுடன் வளர்ந்து பிடிக்கும். வியாதி இல்லாத தாய் தகப்பனுக்கு தரித்த குழந்தைக்கு ஏன் நோய் வருகிறதென்றால், கருத்தரிக்கும் காலத்தில் தாய் தகப்பன் இரண்டு பேருக்கும் நடக்கும் பூதங்களில் பிராண வாய்வு பஞ்சேந்திரியங்களுடன் கலவாமல் தகப்பன் விந்தை ஸ்தம்பிப்பதால் பிராண வாய்வு கலவாத இந்திரியம், அப்போதே ஊனமடைந்து மொண்டி, சப்பாணி, கூன், குருடு முதலிய அங்கயீனமாய் குழந்தை பிறப்பதுபோல் அந்த காலத்தில் நடந்த பூதத்தில் பிராண வாய்வு, எவ்வளவு காலம் இருந்ததோ, அதுக்குத்தக்கபடி குழந்தை அற்பாயுளாகவும் செனிக்கிறது. ஞானவெட்டி 1,500-ல் பூரா விபரம் பார்க்கலாம்.

11. கெற்பந்தரித்த பின்பு மாதாபிதாக்கள் செய்யும் அஜபோகத்தால் குழந்தைக்கு உஷ்ணம்பற்றி எலும்பைத்துளைத்து பின்பு குழந்தையோடே வளர்ந்து, அம்மை, அக்கர் கழிச்சல் முதலிய நோய் வருவதாய் அகஸ்தியர் பிண்ட உற்பத்தி 32 ல் சொல்லப்பட்டிருக்கிறது. மாந்தமெல்லாம் தாய்ப் பாலால் என்றும் சொல்லியிருப்பதை கவனிக்கும் போது பிறந்த குழந்தைக்கும் மந்தமே மூலகாரணமாயிருக்கிறது.

12. அகஸ்தியர் வைசூரி 80 ல் 3-வது பாட்டில் 11 வகை அம்மையும் வருவதை சொல்லி, 4-வது பாட்டில் வைசூரி கண்டபேரை மற்றொருவர் கண்டபோதே, பயம் ஜனித்து திறமில்லாத் கமலத்தில் கொதிப்புண்டாகி ரோகம் வரும் என்றும் அம்மைகண்ட பின்பு கிரந்தி, பேதி, அதிசாரம், தொண்டைக்கம்மல், சுரம், மலடு, விழிகுருடு, சூலை, மருமுள் முதலிய ரோகங்களும் பிறக்கிறதால் ஒரு நோயிலிருந்தும் பல நோய் வருகிறது என்பதை ருசுப்படுத்த இவையொன்றே சான்றாகும்.

13. ஒருவன் வசிக்கும் சீதோஷ்ண பூமி, ஜலபானம், சுவாசிக்கும் விஷகாற்று முதலியவைகளாலும் வியாதியடைகிறான்.

நவீன சாஸ்திர ரீதியாய் இவைகள் பூராவும் ஆராய்ச்சிசெய்து பார்க்கப்படும்போது பூரா நிற்கும் என்பது நம் அபிப்பிராயம்.

(b) ரோகம் நிதானம் செய்வது.—திருமூலர் குணவாகட திரட்டு, 56-வது பாட்டுப்படி தசநாடிகளிருப்பிடமாகிய குதிங்கால் 1, சந்துகள் 2, உந்தி 3, நடுமார்பு 4, காது 5, நடுமூக்கு 6, கண்டம் 7, கரம் 8, புருவம் 9, உச்சி 10 ஸ்தானங்களிலும் நாடியைப் பரீக்ஷித்து, அகஸ்தியர் குணவாகடத் திரட்டு 25-வது பாட்டுபடி 8 வித பரீக்ஷைகளை பார்த்தும் கேட்டும் குறிப்புக்கண்டு சாத்தியம் அசாத்தியம் என்று தெரிந்து வயது, காலம், நோய் நிதானம், சமயோசிதம்போல் வியாதிக்கு தகுந்த பஸ்ப செந்தூர சுன்னங்களோ, லேகியம், கிருதம், சூரணம், கஷாயம், மெழுகு, எண்ணெய் இவை முதலியவைகளால் அதற்கு ஆகாத பதார்த்தங்களை விலக்கச் செய்து, ஔஷதம் கொடுப்போம்.

8 வித பரீட்சை விபரம்.—நாடி, கண், சத்தம், தேகநிலை, வசனம், நாக்கு, மலம், மூத்திரம் ஆக 8.

அசாத்தியம் என்பது தீராத வியாதி. அவைபோக சாத்தியமான ரோகங்களை தீர்க்க முடியுமென்பது உண்மையில் அனுபவமானது.

வியாதி குணமடைந்த விஷயத்தைப்பற்றி கணக்கு எழுதிவைக்கும் வளமை இல்லாததினால் கணக்கு காட்டக்கூடவில்லை.

(c) மற்ற முறைகளைக்காட்டிலும் சுதேச சிகிச்சை முறையானது அதிக பிரயோசனமுள்ளதுதான். அதற்கு ஆதாரவாக காட்டக்கூடியது என்னவென்றால், பரம ஏழைகள் வசிக்கும் இந்தியா தேசமானது, மூலிகைகள் நிரம்பி விளையும் தேசம். சாதாரணமான ஒரு கூலிக்கு வியாதி வந்துவிட்டால ஒரு மூலிகையினாலே தன் நோயை தீர்த்துக்கொள்கிறான். பெரும்பணம் கொடுத்து வாங்க சக்தியற்ற ஒரு ஏழைக்கு இப்படி சொற்பச் செலவில் மருந்து கிடைக்காவிடில் அவன் கெதி என்ன ஆகும். ஆகையால் தமிழ் வைத்தியத்தை விர்த்திக்கு கொண்டுவருவது கவர்ன்மென்டின் கடமையாகும்.

கேள்வி 3.—(a) தமிழ் வைத்திய சிகிச்சைசெய்ய என்னால் ஏற்படுத்தப்பட்ட தமிழ் ஆயுள்வேத வைத்தியசாலையில் சுமார் 20 வருஷ காலமாய் நான் சம்பந்தப்பட்டிருக்கிறேன்.

(b) and (c) கவர்ன்மென்டாரால் தமிழ் ஆயுள்வேத கல்வி கற்பிக்க ஒரு பாடசாலையும் ஏற்படுத்தவில்லையாகையால், அந்தந்த ஜில்லாக்களில் அங்கு வழங்கும் பாஷைகளில் கல்வி கற்பிக்க ஏற்பாடு செய்யவேண்டும்.

கேள்வி 4.—(a) (1), (2), (3) and (b) (1), (2), ஆஸ்பத்திரி, ரசாயனசாலை, புஸ்தகசாலை ம்யூஸியம் முதலியவைகளுக்கு மாணாக்கர்களும் உபாத்தியாயர்களும் போய் பார்க்க வேண்டுவது அவசியம் தான்.

கேள்வி 5—கல்கத்தா சர்வகலாசாலை விசாரணைக் கம்மிட்டியார் கொடுத்த அபிப்ராயத்தை ஒப்புக்கொள்கிறேன். தமிழ் வைத்தியத்தோடு இங்கிலீஷ் வைத்தியமும் சேர்த்து கற்பிக்கவேண்டும்.

கேள்வி 6. 6-வது பாராவில் சொல்லியபடி பூராவும் சுதேச வைத்திய சாஸ்திரம் கற்பிக்க ஏற்படுத்தப்படும் பாடங்களுடன் சேர்த்து படிப்பிக்கச்செய்யவேண்டும்.

சுதேச வைத்திய கல்வி கற்பிக்கும் ஸ்தானம் மதுரை, தஞ்சை திருச்சி, திருநெல்வேலி முதலிய இடங்களில் வழங்கும் தமிழ்பாஷை மூலமாகவே தமிழ் வழங்கும் நாடெங்கும் கற்பிக்கவேண்டும். அதுபோல் அந்தந்த ஜில்லாக்களில் வழங்கும் பாஷை மூலமாய் கற்பிக்கச் செய்வதே பிரதானமானது.

அகஸ்தியர் ஆயுள்வேதம் பத்தாயிரம் அல்லது தன்வந்திரி பன்னீராயிரம் இவைகள் பிரதான நூல்கள். இவைகள் இரண்டுமாவது ஒன்றுவது ஒருவர் படித்தால் பூரா பாண்டித்தியம் அடையப்போதுமானது. அகஸ்தியர் நிகண்டு 12,000 த்தில் சகல பதார்த்தங்களின் குணம் சொல்லி இருப்பதால் அதுவும் ஷை நூல்கள் கவர்ன்மென்ட் மியூஸியத்திலாவது தஞ்சாவூர் சரஸ்வதிமாலிலாவது தேடி எடுத்து அச்சிடவேண்டும்.

(a) பட்டம் கொடுக்கும் விஷயத்தைப்பற்றி கனம்தங்கிய கமிட்டியார் அபிப்ராயப்படி செய்யலாம்.

(b) கால அளவும் யோக்யதாம்சங்களும் அனுபவத்தில் போகப்போக நிச்சயிக்கக்கூடியவை.

(c) அந்தந்த மாகாணம் அல்லது ஜில்லாக்களில் வழங்கும் பிரதானமான பாஷை போதும்.

கேள்வி 7.—(a) பாராப்படி ரெஜிஸ்ட்ரேஷன் போர்ட் என்னும் ஒரு சபை ஏற்படுத்தலாம்.

(b) பாராப்படி வைத்ய அப்யாசிகளை ரிஜிஸ்டர் செய்வதைக் குறித்து, இப்பொழுது ஏற்பட்டிருக்கும் புதிய சட்டத்தில் செய்யவேண்டிய மாறுதல்களை ஆலோசனையா நாம சொல்ல அருகரல்ல. அடுத்த மாதத்தில் கூடப்போகிற எங்கள் தமிழ் வைத்திய கான்பிரன்ஸில் சென்னை மாகாணத்திலுள்ள சகல வைத்தியர்களும் கூடுவார்கள். அப்போது இந்தப் பிரசினையை கான்பிரன்ஸில் பேசி முடிவு செய்யவேண்டிய விஷயமாக இருப்பதால் தாங்கள் கவர்ன்மென்டுக்கு செய்யும் ரிபோர்ட்டானது, ஜூன் மாதத்தில் செய்யும்பொருட்டு எங்களை நேரில் விசாரிக்கவேண்டியிருந்தால் அதுவும் மே மாதத்தில் வைத்துக்கொள்ளக் கோருகிறேன்.

ஏன் எங்கள் கான்பரன்சு ஏப்ரலில் முடிவுபெறும்.

கேள்வி 8.—தமிழ் வைத்திய முறைப்படி சொற்ப செலவில் தயாரிக்கும் ஒரு மருந்தே, அனேக வியாதிகளுக்கு உதவும். சர்வ வியாதிகளுக்கும் வேண்டிய உப்பு வகை 25-ம், உபரசம் 120-ம், 32 பாஷாணங்களும் விளைவிடம், இந்தியாவேயானதாலும் வைப்புப் பாஷாணம் 32-ம் வைக்கத்தெரிந்த வைத்தியர்கள் நிறைந்த இந்தியாவானதினாலும் எங்கும் நிறைந்து கிடைக்கும் மூலிகைகளினாலும் சொற்ப செலவைப் பொறுத்திருக்கிறது.

கேள்வி 9.—இந்தியாவை சுதேச மன்னர்களால் ஆளப்பட்ட காலத்தில் தமிழ் வைத்தியர்களுக்கு பேருதவிசெய்து சாஸ்திரங்கள் நசித்துப் போகாமல் பாதுகாக்கப் பட்டுவந்ததுபோல் இந்த 200 வருஷமாய் பாதுகாக்காத குறையால் தமிழ் வைத்திய சாஸ்திரங்களும் மறைந்தும் கெட்டும்போய்விட்டது.

சர்க்காரில் தமிழ் வைத்திய சாஸ்திரங்களை தேடி சம்பாதித்து வைத்திருப்பவைகளை எங்கள் பரிசீலனைக்குவிட்டு தேவையானவைகளை அச்சிட்டும் பழய நூல்களை தேடவும் பிரயத்தனம் செய்யவேண்டும்

போதுமான பொருள் உதவியும் வைத்தியர்களுக்கு அல்லது ஒரு ஜில்லாவிற்கு ஒரு சங்கம் ஏற்படுத்தி அச்சங்கத்துக்குப் பொருள் உதவி செய்யவேண்டும். அந்தப் பொருளைக்கொண்டு அச்சங்கத்தார் பற்பல பெரிய மருந்துகளை முடிக்க முடியும். அப்படி இல்லாவிடில் பற்பல பெரிய மருந்துகளை முடிக்க ஒரு தனி மனிதனால் முடியாது.

கேள்வி 10.—(a, b), (c) and (d) களாலும் மூலிகைகள் உற்பத்தி செய்யவும் பூநீர் விளையும் இடங்களை தற்காஸ்து கொடுத்து பூநீர் விளையாமல் போவதுபோல் போகாமல் சர்க்காரால் பாதுகாத்து தமிழ் வைத்தியத்துக்குப் பிரதானமான பூநீர் விளையும் ஸ்தலங்களை பாதுகாக்கவும் வேண்டும்.

தமிழ் வைத்தியம் விர்த்தியாக வேண்டுமானால் பிரதானமானது பூநீர்.

பூநீர் சேராத மருந்து வியாதிகளை தீர்க்காது என்று அகஸ்தியர் பின் 80-ல் 34-வது பாட்டிலும் இன்னும் அநேக சாஸ்திரங்களிலும் சொல்லப்பட்டிருக்கிறது.

(7)

M.R.Ry. Pandit N. VEERARAGHAVAPERUMAL PILLAI Avargal.

கேள்வி 1.—சுதேச வைத்திய முறைகளில் புராதனமாயும் தமிழ் நாட்டுக்குரியதாயுமுள்ள சித்தவைத்திய மென்னும் தமிழ் வைத்தியமுறைகளைப்பற்றி விவரிக்க உத்தேசம்.

கேள்வி 2.—(a) ஒவ்வொருவரும் நீண்ட நாள் அனுபவ பழக்கம், ஆகாரம், நித்திரை, மைதுனம் முதலியவைகளின் வித்தியாசத்தினாலும் சீதோஷ்ணமாறலாலும், பயம், வாசனை, விஷம, கர்மம் (பழவினை-பரம்பரை) முதலியவைகளே வியாதி உண்டாவதற்குக் காரணங்கள்.

ஷை கொள்கைகள் நவீன சாஸ்திர ரீதியாய் ஆராய்ச்சிசெய்து பார்க்கும்போது பூர்த்தியாகவே ஆராய்ச்சிக்கு நிற்குமென்றே காணப்படுகிறது.

(b) அனேக தமிழ் நூல்களின் முறைமைப்படியும் குருமுகமாய்க் கற்றிருக்கும் அனுபவம் (கண்கள், சத்தம், தேகபரிசம், வர்ணம், நாக்கு, மலம், மூத்திரம் முதலியதுகளுடனும் நாடி ஒற்றுமையையும் பழக்கத்தின்பேரில்) அஷ்டவித பரீட்சைகளினால் தீர்மானம்பெற்ற வியாதியை அநேக தமிழ் நூல்களின் முறைமைப்படியும், குருமுகமாய் பெற்றிருக்கும் அனுபவ தமிழ்முறை கியாழம், சூர்ணம், மாத்திரை, லேகியம், எண்ணெய், நெய், தைலம், பத்து, ஒத்தடம், பஸ்பம், செந்தூரம், சுன்னம் முதலிய மருந்துகளை உள்ளுக்கும் மேலுக்குமாய் உபயோகப்படுத்தி சிகிச்சை செய்துவரப்பட்டு வருகிறது.

கணக்குகள் வைப்பது வழக்கமில்லையானாலும் வியாதியிலிருந்து சௌக்கியமடைந்தவர்களை வேணடியிருந்து சந்தர்ப்பப்பட்டால் நேரிலேயோ அல்லது அவர்கள் கடிதமூலமாயோ (நற்சாட்சி பத்திரங்கள்) குறிப்பிடப்படும்.

(c) பலவிடங்களில் மருந்து சாப்பிட்டு குணமடையவில்லை என்றும் தமிழ் முறை மருந்து கொடுத்தால் குணமடைவோமென்றும் பலர் மருந்து கேட்டு வாங்கி சாப்பிட்டு குணமடைந்திருப்பதுதான் எனக்குத் தெரியும்.

கேள்வி 3.—(a) சுதேச முறைகளை அனுசரித்து வைத்திய ஒற்றுமைக்காகவென்று ஏற்பட்டிருக்கும் சங்கத்திலும், மருந்து விற்பனைக்கும், வைத்தியம் செய்வதற்காகவும் ஏற்பட்டுள்ள டிஸ்பென்சரியிலும் சேர்ந்திருப்பதுந்தவிர சென்னை தமிழ் வைத்திய சங்க தர்ம வைத்தியசாலையில் வைத்தியருமாக இருந்துகொண்டிருக்கிறேன். சில மாதங்களாக நடைப்பெற்றுவரும் ஒரு தமிழ் வைத்திய பாடசாலையிலும் கலந்திருக்கிறேன்.

(b) (1) தமிழ் முறைகளை அனுசரித்து இப்போது நடத்தப்பட்டுவரும் ஸ்தாபனங்கள் போதுமானபடி கிரமமாக நடைபெறாமல் குறைவாகத்தான் சிகிச்சை செய்துவருகிறது தற்காலம்.

(2) அவை அவ்வளவு தகுதியான இடங்களல்லவென்று காண்கிறது. கவனிக்குமபோது ஷை ஸ்தாபனங்கள் போதுமான திருப்திகரமாக இல்லை என்று காணப்படுகிறது.

எண்ணுகின்ற பக்ஷத்தில் இப்போது செய்யப்பட்டிருக்கும் ஏற்பாடுகள் வைத்திய கல்வி கற்பதற்கும் வைத்திய சிகிச்சை செய்வதற்கும் திருப்திகரமாகவில்லை. இப்போது ஏற்பட்டிருக்கும் பாடசாலைகள், லைபிரேரிகள், டிஸ்பென்சரிகள் போதுமானமட்டில் கிரமமில்லாமலும உள்ள புஸ்தகங்களை தற்காலத்துக்கு வேண்டியபடி திருத்தமாயும் முறையாயும் அச்சிட்டு வெளியிடாதது முதலியதே பெரும் குறை. பொருள் உதவி மேற்சொல்லியவைகளை போதுமான கிரமப்படி தற்கால கிரமமாய் பூர்த்திசெய்தும் தமிழ் வைத்தியம் பிரகாசிக்கும்படியான முறையாய் ராஜாங்கத்தாருடைய மேல்விசாரணையுமிருந்தால் இந்த தமிழ் வைத்தியம் சீர்திருத்தமடைந்து மேல்நாட்டு வைத்தியத்தைப்போல பிரகாசமடைவதுந்தவிர ராஜாங்கத்தாருக்கும் ஒருவித லாபத்தையும் கொடுக்குமென்பதில் சந்தேகமிராது.

(c) இதற்கும் ஷை விடையே [அதாவது 3, (b) (2) க்கு கொடுத்த விடை].

கேள்வி 4.—(a) தமிழ் வைத்திய முறைகளில் பூரணமாய் வைத்திய பயிற்சி செய்து வைக்கவேண்டியதுதான் அவசியம்.

(1) அப்படிப்பட்ட உபாத்தியாயர்களின்கீழ் மாணாக்கர்கள் இருக்கவேண்டியது அவசியம்தான்.

(2) முதல் (6) வரையில் கேழ்விகளுக்கு பதில் என்னவென்றால், இதுவரையிலும் சிறிய பாடசாலைபோலவே ஒருவரோ, சிலரோ, பலரோ ஒரு தமிழ் வைத்தியகுருவினிடம் வாசித்து குருநாதனருளையே முன்னிருத்தி பெரும்பாலும் வைத்தியம் நடந்து வந்துகொண்டிருப்பது பலருமறிவார்கள், சந்தேகமில்லை. இராஜாங்கத்தார் இஷ்டத்துடன் தமிழ் வைத்தியத்தின்பேரில் குருத்துவம் வைத்து தாங்களே செய்யும் லக்ஷியம் குறைவென்றும் அதிகமென்றும் எண்ணாமல்பெற்று நன்றிபாராட்டுவதோடு சிற்சில விஷயங்களில் மேல்நாட்டு வைத்தியாளைபபோலவே தமிழ் வைத்தியாளாகிய நாங்களும் சமமாகத் தடையிராது. ராஜாங்கத்தார் இதுவிஷயத்தில் கவனிப்பதானால பக்ஷபாதமில்லை, இது நீதிதான்.

தமிழ் வைத்தியம் கற்றுக்கொள்ளும் மாணவர்களுக்கு ஏற்படுத்தவேண்டிய பாட புஸ்தகங்கள் சிலரால் தயார் செய்யப்பட்டுவருகிறது. ஆனால் காலதாமதமாகும்போல காணப்படுகிறது. பொருளுதவியிருந்தால் ஷை பாட புஸ்தகங்கள் விரைந்து வெளிக்கு வரலாமென்று தோன்றுகிறது.

கேள்வி 6.—(a) முதல் (b) வரையில் கேழ்விகளுக்கு நமது பெரிய சங்கத்தின (கோவிற்பட்டி தமிழ் வைத்திய சங்கத்தின்) அபிப்பிராயம் பெறுவதுதான் நலம்.

(c) தமிழ் வைத்தியத்தை தமிழ் பாஷையில்தான் கற்பிக்கவேண்டும்.

கேள்வி 7.— முதல் 7 (b) வரையில் கேழ்விகளுக்கு விடை தற்காலம் தமிழ் வைத்தியாப்பியாசிகளை ரிஜிஸ்டர்செய்வது என்னும் நோக்கம் முக்கியமென்று காணப்படவில்லை, ஏனென்றால் சில வைத்தியர் ஒரே மருந்தை கையாடுவதும் (வைத்தியமும் வேறு மருந்துகள் செய்யும் கிரமங்களும் தெரியாதவர்) சில வைத்தியர் ஒரே எண்ணெயை மாத்திரம் கையாடுவதும், சில வைத்தியர் ஒரே பச்சிலையை மாத்திரம் கையாடுவதும், எலும்பு முறிந்துபோன சில கேசுகளுக்கும் கூட சில வைத்தியர் பச்சிலையையே கையாடுவதாகவுமிருக்கிறதுந்தவிர 3 (b) (2) கேழ்விகளுக்கு விடை சொல்லியிருப்பதில் குறைகூறியுள்ளதை மாட்சிமைபொருந்திய நமது ராஜாங்கத்தார் கிருபையுடன் பூர்த்திசெய்ததை வைத்தியாளடைந்து பலன் அடையும் காலம் ஒருக்கால் தகுந்ததாகக் காணப்பட்டால் ரிஜிஸ்டர் செய்யலாம்.

கேள்வி 8.—அநேகம் வியாதிகளை ஒரு பையும் கூட செலவில்லாமல் அந்தந்த வீட்டு பெண்பிள்ளைகளே சுகப்படுத்திக்கொள்ளுகின்றனர் என்றால் இந்த தமிழ் வைத்தியத்திற்கு வேறு தாரதம்மியம் சொல்ல தெரியவில்லை.

கேள்வி 9.—பொருள்சகாயம், சீர்திருத்தம் முதலியவைகளில் ராஜாங்கத்தார் கொஞ்சங்கூட விசாரணையும் சகாயமும் இதுவரையில் இல்லாததே தமிழ் வைத்தியம் க்ஷீணித்திருப்பதற்குக் காரணங்களென அநேகருடைய அபிப்பிராயம். இனியாகிலும் பக்ஷபாதமில்லாமல் ஷை விஷயங்களில் கண்ணோக்கங்கொண்டால் விருத்தியடையுமென்று கமிட்டியாருக்கே தெரியும்.

கேள்வி 10.—(a) மேல்நாட்டு வைத்தியர்களுக்கு என்னென்னவித நன்மைகள் ராஜாங்கத்தார் செய்திருக்கிறார்களோ அவ்வளவு செய்யாவிட்டாலும் சற்றேறக்குறையவாகிலும் இத்தமிழ் வைத்தியம் சீர்திருத்தமாகும்படியாய் வித்தியாசம் பாராட்டாமல் ராஜாங்கத்தார் உதவி செய்யுமவ்வளவு நமது இக்கமிஷன் செய்யும் பிரயத்தனங்களுக்கு அவ்வளவுக்கவ்வளவு நன்றி பாராட்ட தமிழ் வைத்தியர்களுடனும் தமிழ் வைத்தியாபிமானிகளுடனும் நான் கடமைப்பட்டுள்ளேன்.

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M.R.Ry. Vaidya Ashrayar S. R. V. DAS Avergal.

மேற்கண்ட சபையோர்களினால் தேசிய வைத்தியத்தைப்பற்றி கேட்கப்பட்டிருக்கும் கேள்விகளுக்கு என் அனுபவத்தைக்கொண்டு விடைகூறி, அதைத் தங்கள் பார்வைக்கு அனுப்பியிருக்கிறேன். 1921-ம் ௵ டிஸெம்பர் ௴ 25உயில் மேற்கண்ட கேள்விகள் எனக்குக் கிடைத்து, எனக்குள்ள சொற்ப அவகாசத்திற்குள் விடைகளெழுதவேண்டியிருந்தமையால் அவைகளிலுண்டாகக்கூடிய வழுவுக்களை மன்னிக்கும்படியாகவும் தங்களைக் கேட்டுக்கொள்ளுகிறேன். அப்படியுண்டாகும் வழுவுக்கள் ஆயுள்வேதத்தை ஆராய்ந்து அதை அந்நியருக்கு எடுத்துச்சொல்லும் சக்தி எனக்கில்லாமையினாலுண்டானவைகளேயன்றி, அது ஆயுள் வேதத்தைச் சாராது. ஆயுள் வேதம் பூர்ணமானதன்றோ? நான் வைத்தியஞ்செய்ய ஆரம்பித்து சுமார் 20 வருடங்கள் ஆனமையால், அக்காலத்திற்குள் நான் கண்ட அனுபவங்களை "கறந்தபால் கறந்தபடி" என்றுப்போல் சொல்லியிருப்பதால், அவைகளை என் முடிவான அபிப்பிராயங்களென்று ஏற்றுக்கொள்ளவுங் கேட்டுக்கொள்ளுகிறேன்.

கேள்வி 1.—ஆயுள்வேதம்—அநாதிகாலந்தொட்டு நம்முடைய தேசத்தில் எல்லாவகை ஞானங்களுக்கும் உறைவிடமாகவிருப்பதும் உலகத்திலுள்ள எல்லாவகை புத்தகங்களைக் காட்டிலும் மிகவும் பழமையானவை "வேதங்கள்" என்று எல்லாராலும் எக்காலத்திலும், எவ்விடத்திலும் மனப்பூர்வகமாக ஒப்புக்கொண்ட விஷயம். அவ்வேதங்களுக்கு, உபவேதங்களாக சிலவுண்டு. அவைகளில் ஆயுள்வேதம் ஒன்று. ஆயுளை விர்த்திசெய்யும் தத்துவத்தைச் சொல்லுவதே ஆயுள்வேதமெனப்படும். வேதமின்றி ஞானமெப்படியில்லையோ, அப்படியே ஆயுள்வேதமின்றி ஆரோக்கிய நிலையுமில்லை. ஆயுள்வேதமானது தொன்றுதொட்டு நம்முடைய தேசத்தில் வழங்கிவந்தது. அதுவே நம்முடைய தேசியவைத்தியமாகும். நம்முடைய தேசத்தின்மேல் பல காலங்களில் பலபேர் பலதேசங்களிலிருந்து படையெடுத்துவந்து இத்தேசத்தின் மக்களை தங்கள் வசப்படுத்தி இவர்கள் எல்லாவகையிலும் மேன்பாடடைந்திருந்தும வந்தவர்கள் தங்கள் மதம், ஆசாரம், கோட்பாடு, நாகரீகம் முதலானவைகளை தேசமக்களுக்குப் புகட்டி, எல்லா விதங்களிலும் தங்கள் மயமாக்க பிரயாசைப்பட்டு வந்ததில் போனதுபோக நின்றது சிலவாயிற்று. அப்படி நின்றதில், வைத்திய ஞானத்தில் யூனானி வைத்தியமும் ஆங்கில வைத்தியமுமாகும். யூனானி வைத்தியமானது தற்காலம் நமது தேசமக்களில் பெரும்பாலோரான மகம்மதியர்களினால் கையாளப்பட்டுவந்தபோதிலும், அதுவும் ஓண்டவந்த பிடாரி ஊர் பிடாரியை யோட்டினாற்போல் எல்லா வகை இடஞ்சல்களுக்கும் உட்பட்டு, தேசிய சாஸ்திரமாகிய ஆயுள் வேதத்தைக் கைவிடாமல், அதைப் போற்றிக் காப்பாற்றிவரும் வைத்தியர்களின் வாயில் மண்ணைத் தெள்ளிப்போட பிரயாசைப்படும் ஆங்கில வைத்தியமானது தற்காலம் எவ்வளவு மேன்பாட்டையும் ஆதரவையும் அநுசரணையையும் அடைந்திருந்தபோதிலும், இதுவும் ஆகிய இவ்விரண்டும் அன்னிய நாட்டு சம்பிரதாயங்களேயாகும். ஆகையினால், அவ்விரண்டு வகை வைத்தியங்களையும் தள்ளி, தேசிய சித்தாந்தமாகிய ஆயுள் வேதத்தைப்பற்றியே நான் சொல்லப்போகிறேன்.

"போதாக்குறைக்குப் பொன்னியம்மாள் குறை" யென்பதைப்போல் தற்காலம், நமது பொல்லாத காலத்திற்கு ஏற்றபடி, அவலை நினைத்து உரலை யிடிப்பதுபோல, சிலர் ஏதேதோ மனதில் வைத்துக்கொண்டு, ஆயுர்வேதம் - ஆயுள்வேதம் என்னும் இரண்டும் ஒன்றாகவிருந்தும், வேறென்று கற்பித்துக்கொண்டு, ஆயுர்வேதம், ஆயுள்வேதம் என்னும் சொற்களிலுள்ள ரகர ளகரங்களுக்கிடையில், சண்டையை மூட்டிவிட்டிருக்கிறார்கள். ஆயுளை விர்த்திசெய்யும் ஞானநூலாகிய ஆயுள் வேதம் எல்லாருக்கும் சொந்தமானதாக இருக்க, அதை ஒரே தேசமக்கள் அபிமானத்தால் அது என்னுடையது, இது உன்னுடையது என்று சொல்லுவது எங்ஙனம். சுக்கானது Gingeberis என்றும், Ginger என்றும், Gingembre என்றும், Ingwer என்றும், Gengero என்றும், Rigoma deJengebre என்றும் பல பாஷைகளில் பலவிதங்களாக் சொல்லப்பட்டிருந்தாலும், குணத்திலும, மற்ற விஷயங்களிலும், சுக்கு சுக்காகவே இருப்பதுபோல, ஆங்கில வைத்தியமானாலும், யூனானி

வைத்தியமானாலும் ஆயுர் வேதமானாலும் அல்லது ஆயுள் வேதமானாலும் நோய்கொண்ட மக்களின் பிணியைத் தீர்க்கும் சாதனமாகிய வைத்தியம் வைத்தியமேயாகும் என்பதற்கு யாதும் சந்தேகமேயில்லை. கண்ணாடியும கத்தியும் அவைகளைக் கையாள்பவன் சாமர்த்தியத்திற்கு ஏற்றபடி பிரகாசிக்கும என்பதைப்போல் வைத்தியமும் அதைக் கையாளும் ஜனங்களின் செல்வாக்கு, சுவாதீனம், வீரம், தன்மை, முயற்சி முதலானவைகளுக்கு ஏற்றபடி பிரகாசிக்குமேயன்றி, அது யாருக்கும் சொந்தமாகாது. அதை யாரும் உரிமைக் கொண்டாடவுமுடியாது. வீண வழக்கை விலைக்கு வாங்கி, சச்சரவுபட்டு பிரிந்துபோவதில் பிரயோஜனத்தையுங் காணேம். ஆயுள் வேதம் ஸமஸ்கிருதத்தில் இருப்பதனால் அது ஆரியர்களுக்குச் சொந்தமென்று அதற்குத் தாழ்வையும், ஆயுள் வேதம் (சித்தவைத்தியம்) தமிழில் இருப்பதனால் அது திராவிடர்களுக்குச் சொந்தமென்று அதற்கு உயர்வையும் அல்லது அவ்விருவபிப்பிராயங்களுக்கு மாறாகவோ, புத்திசாலிகளாகவிருப்பவர்கள் அவசரப்பட்டு அபிப்பிராயம் சொல்லிவிடமாட்டார்கள்.

ஆயுள்வேதம் பூர்வத்தில் ஏற்பட்டு பல ஆசிரியர்களால் பலவிதங்களாக உரையும் வியாக்கியானமும் செய்யப்பட்டு காலத்திற்கு ஏற்றபடி மாற்றப்பட்டும் வந்தது. ஸ்ரீ தந்வந்தரிக்கு சரகரும், சரகருக்கு சூஸ்ருதரும், அவ்விரு ஆசிரியர்களுக்கு வாக்படரும், அவருக்கு சாரங்கதரரும் வித்தியாசப்படு பல வழிகளிலும் மேம்பாடடைந்து தங்கள் தங்கள் நூல்களை எழுதியிருப்பதைக் காணலாம். இத்தகைய பூர்வீக ஆசிரியர்களினால், சொல்லப்பட்ட ஔஷதப்பட்டியில், சுத்த ஔஷதிகளாகிய வனமூலிகைகளே, சொல்லப்பட்டிருக்கின்றன. ஏனெனில், அக்காலத்திலிருந்த மக்களுக்கு நேரிடும் வியாதிகளுக்கு, அவைகளே போதுமானவைகளாகவிருந்தன. அதன்பிறகு, காலப்போக்கிற்கு ஏற்றபடி, மனிதர்களும் தங்கள் நடைநொடி பாவனைகளில், மாறுபட்டு, அதனால் அவர்களுக்குண்டாகும் பிணிகளும், கொடியவைகளாக விருந்தமையால், அவைகளுக்கு ஏற்றபடி, அக்காலத்திய வைத்திய நிபுணர்கள், தங்களுக்கு, காலம், இடம், பொருள், ஏவல் ஒத்திருக்கவே, பல அரிய ஆராய்ச்சிகள் செய்து, அதன் பலனாக, முள்ளை முள்ளைக்கொண்டு நீக்குவதைப் போல், கொடிய பிணிகளைக் கொடிய ஔஷதங்களைக்கொண்டு நீக்கவேண்டுமென்றும் கண்டுபிடித்து, அதற்கு இரஸ பாஷாணாதிகளை, தகுந்தவைகளென்று முதலிலும், அதன்பிறகு, உலோக வர்க்கங்களும் கணடுபிடித்தார்கள். இவைகள் கொடிய தாதுக்களாக விருந்தாலும், தக்கபடி பக்குவஞ்செய்தால், அவைகளை யாதும் பயமின்றி, மனித தேகத்தில் செலுத்தி, பல கொடிய பிணிகளை அரவே தீர்க்கும்படி செய்யலாமென்று, நிச்சயித்தார்கள். இவ்விதம் அரும்பாடுபட்டு அருமையானவைகளைக் கண்டுபிடித்து, உலகத்தார்கள் உச்சீவிக்கும்படி, உபகரித்தருளிய மகான்களுக்கு, ஸ்ரீ சித்த கணங்கள் என்று பெயர். அவர்கள் எண்ணிக்கையில் பதினெண்மர்களாவார்கள். இவர்கள் இரஸவாதத்தை கரைகண்டவர்கள். இரஸத்தை அவர்கள் தோராயமாக உபயோகிக்காமல், அதன் சுத்தி, சத்துரு, மித்துரு, விஷமித்ததன்மை, அதற்கு முறிவு, பிரமாணம் முதலானவைகளைப்பற்றி, செவ்வையாகவும், தெளிவாகவும் சொல்லியிருப்பதனால், அவர்களின் ஆராய்ச்சியின் தன்மை இத்தன்மையதென விளங்குகிறது. இதை, ஆயுள்வேதம் - ஒரு சாஸ்திரமல்லவென்றும் அது ஆதாம் - ஏவாள் காலத்திய வைத்தியமென்றும், நாகரீகமடைந்த இக்காலத்திற்கு அது உதவாதென்றும், அதை ஆதரிக்கும்படி கேட்பது நகைப்புக்கிடமானதென்றும், அப்படி ஆதரிக்கும்படி செலவிடும்பணம், நிஷ்பிரயோஜனமென்றும், இன்னும் பலவாறாகப் பேசி, தேசமக்களின் மனதை புண்படச் செய்பவர்கள், கவனிக்க வேண்டும். நம்முடைய மதத்தை, நாம் சுவாதீனமாக அவலம்பிப்பதுபோலவே, நம்முடைய சாஸ்திரங்களையும், சுவாதீனமாக அவலம்பிக்கவேண்டுமேயன்றி, அதை அனுசரிக்கலாமா? வேண்டாமா? என்று ஜோஸியம் கேட்கப்போனால், ஆயுள்வேதத்திற்கு சுக்கிரன் வக்கிரித்திருப்பதால் அது உலகத்திற்கே ஆகாது, ஆகையால் அதையொரு பேழையில் வைத்து கங்கையில்விடுகவென்றுதான் சொல்லுவார்கள். ஸ்ரீ சித்தபுருஷர்களால் சொல்லப்பட்ட வைத்தியத்தில் யோகம், ஞானம், வாதம், வைத்தியம் என்பவைகளைப்பற்றி சொல்லி இருக்கும்; இதுவே சித்தவைத்தியமாகும். ஔஷதங்களும் சற்றேறக்குறைய எல்லா வகைகளிலும் இரஸம் கலந்தபடியே இருக்கும். 1914-வது வருஷமிருந்த பல லேகியங்கள், பாவன திராவகங்கள், பூச்சு மருந்துகள், களைகள், மதுக்கள், பில்லைகள், கஷாயங்கள், சத்துகள், சூரணங்கள் முதலானவைகளை தற்காலம், இங்கிலீஷ் ஔஷதப்பட்டியிலிருந்து, எடுத்துவிட்டிருப்பதுபோலவே, பூர்வத்து ஆசிரியர்களினால் சொல்லப்பட்ட லேகியம், சூரணம், வடகம், எண்ணெய் முதலானவைகளையும், இலகுவில் கிடைக்காத சில மூலிகைகளையும் தற்காலம் சித்தவைத்தியத்தில் எடுத்துவிட்டு அவைகளுக்கு பதிலாக, பிரமாணத்தில் குறைந்தவைகளும், வீரியத்தில் அதிகமாகவுமுள்ள செந்தூரம, பற்பம், கட்டுகளும், இலகுவில் கிடைக்கக்கூடிய மூலிகைகளும் சேர்க்கப்பட்டிருக்கின்றன. ஆயுர்வேதம், ஆயுள்வேதம் ஆகிய இரண்டும் ஒன்றென்பதும் பூர்வத்திய ஆயுள்வேதத்திற்கும், தற்காலத்திய ஆயுள்வேதமாகிய சித்தவைத்தியத்திற்கும் வித்தியாசமில்லையென்பதும் பூர்வத்திய சித்தாந்தமே, மிக சிறப்படைந்து ஸஸ்திர சிகிட்சையைக்கூட ஔஷதங்களினால் தீர்க்கக்கூடியபடி முன்னேற்ற மடைந்திருக்கிறதென்பதும் வெளிப்படை. அவ்விதம் இரண்டும் ஒன்றாக இல்லாவிட்டால் முன்னதில் சொன்னபடியே, ரோக நிதானமும், மருந்து செய்யும் முறையும் பத்தியபரிகாரங்களும், வைத்திய பரிபாஷைகளுமாகிய அஷ்டமூலமும், அஷ்டவர்க்கம், பஞ்சமூலம், லகுபஞ்சமூலம், தசமூலம், பஞ்சகோலம், திரிகடுகு, திரிபலை, திரிகந்தம், திரிபத்திரி முதலானவைகளும் இன்னும் பலவும் ஒன்றாகவேயிருக்கக்

காரணமில்லை. சித்த வைத்தியத்தின் சிரேஷ்டத்தைப்பற்றியே, அச் சிகிச்சையை இராக்ஷஸ, மானிட, தேவ சிகிட்சைகளாகப்பிரித்து, இரஸ பாஷாணாதிகளின் கூட்டால் செய்யப்பட்டு, பிணியைத் தீர்க்கும்படி உபயோகிக்கப்படும் தத்துவத்தை, தேவ சிகிச்சையாகவும், அத்தகைய ஔஷதங்களுக்கு, தேவகண நாமங்களிட்டு, அழைத்து மிகவும் கொண்டாடியும் வருகிறார்கள். ஆகவே, ஆயுர்வேதத்தின் திரிபே ஆயுள்வேதமென்று நிச்சயப்படுத்தி, என் அபிப்பிராயத்தைச் சொல்லுகிறேன். இதில் எது முன்னது எது பின்னது என்னும் இவ்வாதத்தை இன்னும் எடுத்துக்கொண்டால் "முட்டை முன்வந்ததா? அல்லது கோழி முன்வந்ததா?" என்னும் கதையாக முடியுமென்று அஞ்சி, இதோடு முடிக்கிறேன்.

2. (a) பூர்வ வினைவசத்தினால் ஆன்மீகம், தெய்வீகம், பௌதீகம் என்னும் மூன்றுவித காரணங்களினால் எல்லா வியாதிகளும் உண்டாகின்றனவென்றும், அவற்றைத் தீர்க்க மணி, மந்திர, ஔஷதங்கள் வேண்டுமென்றும், சொல்லப்பட்டிருந்தபோதிலும், வைத்திய சாஸ்திரம், காலம், ஆகாரம், காற்று, பானம், நித்திரை, ஸ்திரீசஞ்சாரம் முதலானவைகளினால் தேக ஸ்திதிமாறி, முத்தோஷங்கள் மாறுபாட்டமடைந்து, எல்லாவகை வியாதிகளும் உண்டாகின்றனவென்று, நிச்சயப்படுத்தி சொல்லி இருக்கிறது. காலம், காற்று மாறுபாட்டமடைவதனால், சலிப்பு, சுரம், தலைநோய், காசம், இருமல் முதலான இன்னும்பல ரோகங்களும், ஆகார மாறுபாட்டத்தினால், வயிற்றுநோய், மந்தம், பேதி வாந்தி, வாந்திபேதி, தலைநோய், வாதம், முதலான இன்னும் பலரோகங்களும், தண்ணீர் மாறுபாட்டத்தினால் இருமல், பேதி, வாந்தி, சீதபேதி, வாந்திபேதி, சுரம், கிரகணி, வயிற்றில்கட்டி, விஷசுரம், நரம்பு சிலந்தி, ஆனைக்கால் முதலான இன்னும் பல ரோகங்களும், நித்திரையின்மையால், மயக்கம், பைத்தியம், மூளை தாபனம், ஜன்னி முதலான இன்னும் பல ரோகங்களும், ஸ்திரீசஞ்சாரத்தால் மேகம், பிரமேகம், இரணமேகம், புத்து, நீரடைப்பு, கிரந்தி, குஷ்டம் முதலான இன்னும் பல ரோகங்களும் உண்டாவதை நாம் பிரத்தியக்ஷத்தில் கண்டிருக்கிறோம். எந்த மாறுபாட்டம் எவ்விதம் நேர்ந்தாலும், அவைகள் முதலில் தேகத்தில் சென்று, தேகத்தை மகா ஜாக்கிரதையாய் காப்பாற்றும்படி கடவுளால் நியமிக்கப்பட்டிருக்கும் காவற்காரர்களாகிய வாதம், பித்தம், கபம் எனனும் மூன்றுவித சக்திகளாகிய தோஷங்களை கோளாறடையச்செய்து, எத்தோஷம் எவ்விதம் கோளாறடைகிறதோ அதற்கு தக்கபடி வியாதியையும உண்டாக்கிவிடும். புகை ரதத்தின் என்ஜின் என்னும் இயந்திரம் நன்றாக அசையவேண்டுமானால் அதற்கு ஓட்டுபவன் காற்று, அக்னி, ஜலம் முதலானவைகள் எப்படி இன்றியமையாதவைகளோ அப்படியே தேகமெனும் இயந்திரம் நன்றாக அசையவேண்டுமானால் "மாறுபாடில்லாத வுணடி மறுத்துணணி னூறுபாடில்லை யுயிர்க்கு" என்றபடி மாறுபாடில்லாத ஆகாராதிகளெனும் ஓட்டுபவனும் காற்றுயெனும் வாதமும், அக்னியெனும் பித்தமும், ஜலமெனும் கபமும் சுகஸ்திதியிலிருக்கவேண்டியது இன்றியமையாததாயிற்று. ஆகவே அன்னபானாதிகளின் மாறுபாட்டம், முத்தோஷங்களின் மாறுபாட்டம் முதலானவைகளே எல்லாவியாதிகளுக்கும் காரணமென்பது ஆயுள்வேதத்தின் கருத்தாகும்.

(b) மனிதர்களுக்குண்டாகும் எல்லாவகை பிணிகளையும் மூன்று முக்கிய பிரிவுகளாகவும், அவைகளுக்குட்பட்டவைகளாகவும் பிரிக்கலாம் என்று ஆயுள்வேதம் சொல்லுகிறது. அவைகளை (1) நரம்பைப்பற்றிய ரோகங்கள், (2) சுவாஸ உறுப்புகளைப்பற்றிய ரோகங்கள், (3) வயற்றின் ஜீரண உறுப்புகளைப்பற்றிய ரோகங்கள் என்பவைகளாம். இவைகளை வாத, கப, பித்தரோகங்களென வைத்திய பரிபாஷையாகும் மற்ற ரோகங்கள் முறையே வாத, பித்த, கபங்களில் தனியாகவும், இரண்டிரண்டு சேர்ந்த தொந்தமாகவும், அல்லது மூன்று தோஷங்களும் ஒன்றாகக்கூடிய ஜன்னிபாதமாகவும் உண்டாகும். ஜீரண உறுப்புகளின ரோகத்தில் அஜீரணமுண்டாகி அன்னஞ் செல்லாமல், தேகம் அனல்கொண்டு, அவ்வனல மேல் நோக்கி, கபாலத்தைத் தாககி மூளையை நோய்கொள்ளச் செயது பிறகு, நரம்பு சம்பந்தமான ரோகமாக மாறி, நித்திரையற்று ஜன்னியாகி, கபத்தில் முடிந்து பிறகு, மரணத்தை யுண்டாககும். இவ்விதம் மாறுபாட்டையுண்டாக்குவதே ஆயுள் வேதத்தில் வாத, பித்த, கபதோஷங்களென சொல்லப்படுகின்றன. எக்காலத்தில் தனிதோஷம் மாறுபாட்டையுணடாக்குகின்றதோ, அப்போது தனிதோஷமென்றும் இரண்டிரண்டு சேர்ந்தபடி மாறுபாடடைந்தால் தொந்த தோஷமென்றும், அப்போது ஏதோ இரண்டு தோஷங்கள் நரம்பு+ஜீரணகருவிகள் அல்லது நரம்பு+சுவாஸ உறுப்புகள் அல்லது, ஜீரண கருவிகள + சுவாஸ உறுப்புகள்—இவைகளின் ஸம்பந்தமான ரோகஙகள் சம்பவித்திருக்கின்றனவென்றும், மூன்று தோஷங்களும் ஏகோபித்தபடி, மாறுபட்டிருப்பதனால், நரம்பு + ஜீரணகருவிகள் + சுவாஸ உறுபபுகள் எல்லா மாறுபாடடைந்து, அதோடு மற்ற ரோகங்களும் சம்பந்தபபட்டு, ஜன்னியாக முடிந்திருக்கின்றனவென்றும் தெரிந்துக்கொள்ளவேணடும்.

இவ்விதமான முத்தோஷங்களில் முதலானதான வாதத்தை "இராஜன்" என்று புகழ்வதனால் இதன் பெருமை விளங்கும் இது இலகுவில் மாறுபாடடையாமலும், அப்படியடைந்தால். இலகுவில் சிகிடசைக்கு வசப்படாமலுமிருக்கும். இத்தகைய வாததோஷத்தினால் 80 வகை வாதநோய்களும். அநேக தொந்தநோயகளுமுண்டாகும. கப்பலோட்டிக்கொண்டு, இரவில் சமுத்திரத்தில் செல்லும் கப்பலோட்டிகளுக்கு துருவ நக்ஷத்திரம் எத்தகைய உதவியைச் செய்கிறதோ, அப்படியே ரோகம் நிதானத்தில் திகைக்கும்

வைத்தியர்களுக்கு இது வேண்டிய சகாயத்தைச் செய்கின்றது. மானிட தேகத்தில் வாதத்திற்கு உறைவிடம் "செப்பு மூந்தி சிதைக்கும் வாத நிலை" என்றபடி பாதமுதல் இடுப்புவரையிலுமுள்ள பெருநரம்பு ஸ்தானமேயாகும். இது இயற்கையில் தன் தொழிலைக் கிரமமாகச் செய்துகொண்டு, மற்ற தோஷங்களையும் தூண்டி, அதனதன் வேலையைக் கிரமமாகச்செய்து, தேகத்தை காக்கச் செய்யும். பித்த தோஷமானது சொல்ப விகல்பத்திலும், அன்னபானுதிகளின் மாறுபட்டத்திலும், கோளாறடைந்தாலும், இலகுவில் சிகிட்சைக்கு வசப்படக்கூடியது. அது தேக உஷ்ணத்தைத் தந்து, இரத்தத்தை இளகச் செய்து, ஜீரண சக்தியையும் உண்டாக்குகிறது. பித்தத்தின் தன்மையை மல மூத்திரங்களினால் நன்றாகத் தெரிந்துக்கொள்ளலாம். அது தனக்கு உறைவிடமாக, வயிற்றைக் கொண்டிருப்பதனால் "ஒப்பு மார்பு முதைக்கும் பித்தநிலை" என்று சொல்லியிருக்கிறது. இது தனிமையாக மாறுபட்டமடைந்தால் 40 வகை பித்தரோகங்களையும் தொந்தத்தால் அநேக ரோகங்களையு முண்டாக்கிவிடும். இது வாதத்தின் சகாயத்தை யடைந்தும், தன் இயற்கையிலும் தேகத்தை காத்து இரட்சித்துவரும். கபமானது பித்தத்தின் உஷ்ணத்தினால், தேகம் தீக்ஷண்ணியமடைந்து நசித்துப்போகாமல், ஜலரூபமாகவிருந்து அதைக் காத்து இரட்சித்துவரும். இது மற்ற தோஷங்களின் சகாயத்தை அதிகமாக பெறுவதுண்டு. "கப்பு முச்சி கழலுமையநிலை" என்றபடி இது மானிட தேகத்தில் சிரசை தனக்கு பிரதானமான உறைவிடமாக பெற்றிருந்தாலும், நிணநீர் கோளங்களிலிருந்து தேகத்தைக் காப்பதோடு, அன்னிய வஸ்துகள் தேகத்தில் புகுந்தால், அதைத்தன்னிடம் இழுத்து வைத்திருந்து வெளிப்படுத்தும். இது தனியாக மாறுபட்டமடைந்தால் 20 வகை கப ரோகங்களையும் தொந்தத்தில் அநேகவித சீதள சம்பந்தமான ரோகங்களையு முண்டாக்கும்.

இத்தகைய முத்தோஷங்களாகிய, வாதம், பித்தம், கபங்களின் சுகாசுகங்களை வைத்தியர்களாகிய நாம் பிணியாளியின் நாடியைப்பிடித்து பார்ப்பதனலே தெரிந்துகொள்ளுகிறோம். நாடி நடை இருதயத்தின் சுகாசுகங்களை தெரிவிப்பதாகவிருந்தாலும் வைத்தியர்கள் முத்தோஷங்களின் நிலமையை நன்கறிந்து கொள்ளுகிறார்கள். ஆனால், ஆங்கில வைத்தியர்கள் முதல் எல்லா ஸம்பிரதாயஸ்தர்களும், ரோக நிதானத்தில் நாடியைப்பார்க்கும் வழக்கமுண்டு. சாஸ்திரீயமல்லாத ஒரு சித்தாந்தத்தில், நாடியை பார்க்கும் வழக்கம் எப்படி வந்ததென்பதும், அதை மற்றவர்கள் எப்படி கைப்பற்றினார்களென்பதும், விந்தையிலும் விந்தையே. ஆங்கில வைத்தியர்கள் இருதயத்தின் தன்மையையறிய "Stethoscope" என்னும் ஸப்தவேணுவை உபயோகித்தபோதிலும், நாடியையும் பார்த்து ரோகத்தின் தீவிர சாத்மீகத்தன்மையை அறிந்துக்கொள்ளுகிறார்கள். அப்பொழுது பிறந்த குழந்தைக்கு, நாடி 140 அடிகளும், பால்யத்தில் 120–130 அடிகளும், குழந்தை பருவத்தில 100 அடிகளும், யௌவனத்தில் 90 அடிகளும், ஸம்பூர்ண பருவத்தில் 70–75 அடிகளும், க்ஷீண பருவத்தில் 70 அடிகளும், நிற்கும்போது 79 அடிகளும், உட்கார்ந்தால் 75 அடிகளும், படுத்தால் 69 அடிகளும், ஆரோக்கிய நிலமையில் ஒரு புருஷனுக்கு 75–80 அடிகளும, ஸ்திரிக்கு 75–80 அடிகளும், கர்ப்பத்தில் நின்றாலும் படுத்தாலும், உட்கார்ந்தாலும், ஒரேவித எண்ணிக்கையுள்ள அடிகளும் அடிக்குமென்று கணக்கிட்டிருக்கிறார்கள். மேலும் நாடியை கையால் தொட்டுப் பார்க்கும்போது நரம்பின்விசை சுருக்காக விருந்தால் தீவிர நாடியென்றும், நரம்பில இரத்தம் நிறம்பியோடினால் பூரண நாடியென்றும், இரத்தம் குறைந்தோடினால் சுஷ்க நாடியென்றும், இன்னும பலவாறாகவுஞ் சொல்லுகிறார்கள். தீக்ஷண்ணிய ரோகத்தில் நாடிவேகமாகவும், இரத்த க்ஷீணத்தில நாடி மந்தமாகவும், இருதய ரோகத்தில் நாடி நின்றுநின்றும், சுரத்தில் தேகஉஷ்ணம் ஒரு டிக்கிரி ஏறினால் நாடி நடையில் 10 அடிகள் கிரமத்திற்கு அதிகப்பட்டு அடிக்குமென்றும் சொல்லுகிறார்கள். ஆனால், ஆயுள் வேதியர்கள் பிணியாளியின் கையைத்தொட்டதும், இது அதிவாதம், அதி பித்தம அதிகபமென்றும் அல்லது வாதபித்தம், வாதகபம், பித்தவாதநாடி, பித்தசிலேஷ்ம நாடி, சிலேஷ்மவாதநாடி, சிலேஷ்மபித்தநாடி, அல்லது ஜனனிபாதநாடி என்றும் கண்டறிந்து, அதனால் உண்டாகிய ரோகத்தின் காரணம் பூர்வரூபம், ரூபம், போக்கு அதற்குச் சாந்தி என்னும ஐந்திலக்கணங்களை கண்டறிந்து, சிகிச்சை செய்ய ஆரம்பிப்பார்கள். இவ்விதம் ஆயுள் வேதியர்கள் நாடியைக்கண்டு ரோகநிதானஞ் செய்வதை ஆங்கில வைத்தியர்கள் நாடி நரம்பு ஒன்றாகவிருக்க. அதில் வாதம், பித்தம், கபம் என்னும் மூன்று தத்துவங்கள் எப்படி வந்தனவென்றும் ஆயுள் வேதியர்களுக்கு சரீரசாஸ்திரம் தெரியாமையினாலேயே அவர்களுக்கு அத்தகைய கோட்பாடு உண்டாயிற்றென்றும் சொல்லி ஏளனஞ் செய்து அவர்களை "quacks" என்று நகையாடுவதுமுண்டு. கையிலுள்ள நாடி நரம்பு மூன்றென்று எங்கள் ஆயுள் வேதத்தில் சொல்லவில்லை. "பாரடா எழுபத்தீராயிர நரம்பில, பகுத்தெடுத்துக்கொண்டதுதான் பத்து நாடி, நேரப்பா இதில் சுருக்கம மூன்று நாடி நிலையான நரம்படா வொன்றேயாகும்" என்று நாடி நரம்பு ஒன்றென்றும் அதைக் கொண்டு முத்தோஷங்களின் மாறுபட்டத்தை

"தாதுமுறைகேள் தனித்தகுதிசந்தோடு
ஓதுறுகாமியம் உந்திநெடுமார்பு
காது நெடுமூக்கு கண்டங் கரம் புருவம
போதுரு உச்சி புகழ்பத்தும் பார்த்திடே" என்றபடி

பத்திடங்களில் பார்த்து தெரிந்துக்கொள்ள வேண்டுமென்றும் சொல்லி இருக்கிறது.

ஆனால், ஒரு நரம்பில் மூன்றுவித தோஷங்களை எப்படி தெரிந்துக்கொள்ளுகின்றீர்கள் என்றாலோ, சங்கீத சாஸ்திரி வீணையின் ஒரே நரம்பில் தன்விரலை அடுக்கடுக்காக மாற்றி வைப்பதனால், எவ்விதம் பலவித நாதங்களைக் கண்டறிந்துக்கொள்ளுகின்றாரோ அவ்விதமே ஆயுள் வேதியரும் கண்டறிந்துக்கொள்ளுகின்றார் என்பது சமாதானமாகும். அதனாலேயே ஆயுள் வேதியர்களுக்கு நாடியின் லட்சணம் முதலில் தெரியவேண்டுமென்றும் அப்படித் தெரியவேண்டுமானால் அவருக்கு நீடித்த அனுபவமும் வேண்டுமென்றும் ஆயுள் வேதத்தில் விதியுமுண்டு. அவ்விதம் அவர் நாடியின் லட்சணத்தை நன்றாக தெரிந்துக்கொண்டிருப்பதனால், பிணியாளியைக் கண்டதும் மிகவும் பரிவுடன் அவன் கையைப்பிடித்து, நாடியைக்கண்டு ரோகத்தின் குணத்தை தெரிந்துக்கொள்ளுவதும், மற்றவர் பிணியாளி தன்னிடம் வந்தால் அவனைப்பார்த்தும் பாராதவர்களைப்போல் அபிநயித்து சற்றுப்பொறுத்து அவனைப்பார்த்து வெகு காம்பீரமாக, "உனக்கு என்ன? எங்கே நோகிறது?" என்று கேட்டு, பிணியாளிச் சொல்ல, அதற்குமேல் ஏதோ ஓருசீட்டில் எழுதிக்கொடுத்து அனுப்பிவிட்டு, அதைப் பலதரம் மாற்றி, குணங்கண்ட காலத்தில் அந்நோயிக்கு ஒரு சிங்காரப் பெயரிடுவது வழக்கம். ஆங்கில வைத்தியமானாலும், அது ஆயுள் வேதமானாலும் மனிதன் சிகிச்சை செய்கிறவரையில் பூரணமானதல்ல வென்பதை மற்றவர்கள் அறிவார்கள் போலும். இரண்டிலும் மரணங்கள் சம்பவிக்கின்றன. அப்படியிருக்க ஒன்று சாஸ்திரீயமானதும், மற்றொன்று சாஸ்திரீயமல்லாததும் எப்படியாகும். ஆங்கில வைத்தியரிடம் கிடைத்த ஒரு பிணியாளி மரணமடைந்தால், "The treatment was very successful, but unfortunately the patient died" என்று சமாதானஞ் சொல்லுகிறார்கள். ஆனால் அப்படியே, ஒரு ஆயுள்வேதியரிடம் கிடைத்த பிணியாளி காலகதியால் மரணமடைந்துவிட்டால், "This is metallic poisoning or vegetable poisoning" என்று பறைசாற்றி விடுகிறார்கள். சுயநலத்தைக்கருதி இவர்கள் எவ்வளவுதூரம் எங்களைத்தூற்றித் தெருவில் இழுத்தாலும், மேற்குதிக்கு இருக்கும்வரையில் கிழக்குதிக்கு எப்படி இருந்தேதீருமோ, அப்படியே ஆங்கில வைத்தியம் இருக்கும் வரைக்கும் ஆயுள்வேதமும் இருந்தேதீருமென்று இவர்கள் அறியார்கள்போலும்.

மேலும் ஆயுள்வேதியர்கள் ரோக நிதானத்தில் கேவலம் நாடியை மாத்திரம் நம்பியிராமல்

"நாடியார் முன்னோர் சொன்ன நற்குறி குணங்களாலும்
நாடிய விழியினாலும், நின்ற நாக்குறியினாலும்
வாடிய மேனியாலும், மலமொடு நீரினாலும்
கூடிய வியாதிதன்னைச் சுகமுறவறிந்துச்சொல்லே"

என்றபடி, நாடி, விழி, நாக்கு, உடல், மலம், மூத்திரம், சப்தம், மூக்கு, தூக்கம், ஜீரணாதி விஷயங்களை நன்றாகக் கவனித்து தங்கள் காரியத்தில் சித்தியடைய வேண்டியவர்களாகவுமிருக்கிறார்கள். ஆங்கில வைத்தியத்தில் மானிட தேகத்தை (1) Sanguine என்றும், (2) Phlegmatic என்றும், (3) Bilious என்றும், (4) Nervous என்றும் பிரித்திருப்பதுபோலவே ஆயுள் வேதத்திலும் "தானவனுமமைத்தபடி வயதுநூறு, சகலருக்கும இளமையிலே சிலேஷ்மமாகும், ஆனநடு வயதுபித்த மப்பால்வாதம், ஆறஞ்சு மூவாண்டு மாதநான்கு" என்றதையும் கவனிக்கவேண்டும்.

"காலையில் வாதநாடி கடிகையில் பத்ததாகும்
பாலையாம் பித்தநாடி பகருச்சி பத்ததாகும்
மாலையாம் சிலேஷ்மநாடி மதிப்புடன் பத்ததாகும்
வாலையாம் மனோன்மணி வகுத்துமே தொகுத்தாகும்"

என்றபடி, சுகஸ்திதியுடைய ஒரு மனிதனுக்கு, இயற்கையில் வாதநாடி 1, பித்தம் $\frac{1}{2}$, கபம் $\frac{1}{4}$ மாத்திரைகளாக நடக்கவேண்டியிருக்க, மேற்கண்ட அதிகாரத்தின்படி, காலை 6 மணி முதல் 10 மணிவரைக்கும் வாதமும், 10 மணிமுதல் 2 மணிவரையில் பித்தமும், 2 மணி முதல் 6 மணிவரையில் கபமும் தங்களுக்குள்ள மாத்திரை பிரமாணத்தில் சற்று மிகுந்து நடக்கும். அப்படி நடந்தால், அது தோஷங்களின் மாறாட்டமென்று தப்பபிப்பிராயங் கொள்ளக்கூடாது. இந்த விதிகளுக்கு மாறாட்டமாக நாடி நடந்தால், அது வியாதியின் கூறேயாகும்.

இவ்விதமான திரிதோஷங்களில் முதலாவதான வாததோஷமானது தன்னியற்கையில் தனித்து கோளாறடைந்தால் அதன் குறிகளாக, தேகத்தில் குத்தல் வலியும், கைகால் சந்து பொருத்தங்களில் நோயும் முடக்கும், குனிந்தால் நிமிரவொட்டாதிருத்தலும், திமிரும், குடல்புரட்டலும், அன்னஞ் செல்லாமையும், வயிற்று மந்தமும், வயிற்றுப்பொருமலும், மலஞ்சலக்கட்டலும், அபானஞ் சுருங்கலும், நாக்கில் புளிப்புசுவையும், கழிச்சலும், தாது நஷ்டமும், உண்டாவதோடு இன்னும் பல ரோகங்களுமுண்டாகும். தனி பித்தம் மாறாட்டமடைந்தால் உடலில் காந்தலும், வரட்சியும், நடுக்கமும், மண்டைக்குத்தலும், நாவரட்சியும், வாய்க்கசப்பும், அரோசகமும், தாகமும், வாந்தியும், விக்கலும், கிறுகிறுப்பும், காதடைப்பும், அயர்வும், வயற்றில் எரிச்சலும், நெஞ்செரிவும், அக்னி மந்தமும், குளிர்சுரமும், அஸ்திசுரமும், பாண்டும், காமாலையும், மயக்கமும், பிரமேகமும் உண்டாவதோடு

இன்னும் பல ரோகங்களுமுண்டாகும். தனிகபம் மாறுட்டமடைந்தால், உடல் காய்வதும், உடல்வற்றுவதும் உடல் வெளுப்பதும், உடல் குளிர்ந்து நடுங்குவதும், அன்னஞ் செல்லாமையும், விக்கலும், இருமலும், மேல்மூச்சும், திகைப்பும், வியர்வையும், க்ஷயமும், ஈளையும், நெஞ்சு விலாபக்கங்களில் நோயும், இரத்தங்கக்கலும், நாக்கில் வழுவழுப்புடன் இனிப்பும், வாயில் நீரூறலும், சிறுநீர் சிறுத்து இறங்கலுமுண்டாவதோடு இன்னம் பல ரோகங்கள் உண்டாகும்.

தொந்த தோஷங்கள்.

வாத - பித்த தோஷங்கள், ஏகோபித்தபடி மாறுட்டமடைந்தால், மேற்கண்டபடி தனி வாத, தனி பித்த தோஷங்கள் கோளாறடைந்துண்டாகும் ரோகங்களுடன் பாண்டு, காமாலே, மகோதரம், நீராம்பல் முதலிய பல கொடிய ரோகங்களுமுண்டாகும்.

வாத - கப தோஷங்கள், ஏகோபித்தபடி மாறுட்டமடைநதால் மேற்கண்டபடி தனி வாத, தனி கப தோஷங்கள் கோளாறடைந்துண்டாகும் ரோகங்களுடன் தலைவலி, கைக்கால் திமிர், வயிற்றுப் பொருமல், ஜன்னி, மயக்கம், சோபை, பாண்டு, மூர்ச்சை முதலான ரோகங்களும், இன்னும் பல ரோகங்களுமுண்டாகும்.

பித்த - வாத தோஷங்கள் ஏகோபித்தபடி கோளாறடைந்தால், மேற்கண்டபடி தனி பித்தம், தனி வாத தோஷங்கள் கோளாறடைந்ததாலுண்டாகும் ரோகங்களுடன், தேகவலி, எரிவந்தம், நாக்கும் நெஞ்சும் உலருதல், பீனசம், மூலம், பவுத்திரம், வலிப்பு, அரையாப்பு முதலாகிய கொடிய ரோகங்களும இன்னும் பல ரோகங்களுமுண்டாகும்.

பித்த - கப தோஷங்கள் ஏகோபித்தபடி கோளாறடைந்தால், தனி பித்த, தனி கப தோஷங்கள் கோளாறடைந்துண்டாகும் ரோகங்களுடன், வயிறுப்பல், பிதற்றல், வயிற்று வலி, பிடரிவலி முதலானவைகளும், இன்னும் பல ரோகங்களுமுண்டாகும்.

கப - வாத தோஷங்கள் ஏகோபித்தபடி கோளாறடைந்தால் மேற்கண்டபடி தனி கப தனி வாத தோஷங்கள் கோளாறடைந்துண்டாகும் ரோகங்களுடன், கபம் அதிகமாக வெளிப்படல், தாகம், தலைவலி, ஜன்னி முதலியவைகளும், இன்னும் பல ரோகங்களுமுண்டாகும்.

கபம் - பித்தம் இவ்விரண்டு தோஷங்களும் ஏகோபித்தபடி கோளாறடைந்தால், மேற்கண்டபடி, தனி கபம், தனி பித்தம் கோளாறடைந்துண்டாகும் ரோகங்களுடன், மண்டையிடி, காது கேளாமை, நாக்கில் இனிப்புசுவை, ஜன்னி, வாய்பிதற்றல் முதலான ரோகங்களுடன் இன்னும் பல ரோகங்களுண்டாகும் என்று, எல்லா ஆயுள்வேத வைத்தியர்களும் நன்கு தெரிந்துகொண்டிருக்கிறார்கள்.

ஜன்னிபாத நாடி.

இந்த நிலமையில் தேகசுகத்தை காத்துவரும் சக்திகளாகிய வாத, பித்த, கபங்கள் ஏகோபித்தபடி கோளாறடைந்துவிடும். இதையே தோஷித்தமென்றும் ஜன்னியென்றும், சொல்லுவது வீட்டு வழக்கம். இதுவே, ரோகங்களில் அபாயகரமான நிலமை. ஆங்கில வைத்திய சித்தாந்தப்படி, இச்சமயம், நாடி நடை அதிதீவிரமாகவிருந்து சுமார் 130 முதல் 160 வரையில் அடிக்கும். அல்லது sinking pulse, என்று சொல்லும் வண்ணம் அதிசுஷ்கமாகவும், கைக்கு தென்படாதபடியும் நடக்கும், இத்தகைய ஸ்திதியில் ரோகிக்கு அறட்டல் புரட்டலும், தன் உணர்ச்சியில்லாமையும், வாய் பிதற்றலும், தேகம் முழுவதும் வியர்வையால் நிறைந்தும், சண்பஞ்சடைந்தும், குழிவிழுந்தும், கையையும் காலேயும் கண்டபடி ஆட்டலும், நாக்கும் பல்லும் கருத்தும், நாக்கில் முள் முளேத்தும், வாய் திறந்தும், மேல்சுவாசம் வாங்கியும், முகம் விகாரமாகவும், நெஞ்சில் கபம் குறுகுறுப்புடனுமிருக்கும். இத்தகைய குறிகள் கண்டால் சில சமயம் சாத்தியப்பட்டாலும், பல சமயங்களில் அசாத்தியமாகவே முடியும். தொந்த தோஷத்திலும், ஜன்னிபாதத்திலும் எந்த தோஷம் அல்லது தோஷங்கள் அதிகமாகக் கோளாறடைந்திருக்கின்றனவோ, அவைகளே முதலில் சமனமடையச் செய்து, பின்னுல் மற்றவைகளே கவனிக்கவேண்டியது ஆயுள் வேதியர்களின் கடமையாகவிருக்கின்றது. ரோகங்களின் தன்மைகளுக்கேற்றபடி, சாத்தியம், கஷ்ட சாத்தியம், அசாத்தியமென மூன்று வகைகளாக ஆயுள் வேதத்தில் பிரித்திருக்கிறார்கள். எந்த காலம் வரையில் இந்திரியங்களுக்கு உணர்ச்சியுண்டோ அது வரையில் ஔஷதப் பிரயோகஞ் செய்யலாமென பூர்வீக ஆயுள்வேத குரவர்கள் சொல்லியிருந்தாலும், சித்தர்கள் அசாத்தியமென்று கண்டவுடன் வைத்தியர்கள் ரோகியைவிட்டு நீங்கவேண்டுமென்றும் தங்கள் அபிப்பிராயங்களில் வித்தியாசப்படுகிறார்கள். உலகத்தார்களின் மேலுள்ள கருணேயால் சித்த புருஷர்கள் ஔஷதம் உபயோகிக்கக்கூடிய சில அசாத்தியத்தில் சாத்தியக் குறிகளும், அறவே கைவிட்டு நீங்கக்கூடிய அசாத்தியக் குறிகளும், வெகு சீக்கிரத்தில் மரணத்தைக் கொடுக்கக்கூடிய சில குறிகளேயும் சொல்லியிருக்கிறார்கள்.

அசாத்தியத்தில் சாத்தியக் குறிகள்.

எந்த ரோகிக்குக் கைக்கால்கள் விகாரமற்றவைகளாயும், நீட்டவும், முடக்கவும் சாத்தியமுள்ளவைகளாகவும் இருந்து, நாக்கு யாதும் தோஷமின்றியிருந்து நிர்மலமாக

வும், சுரரோகிக்கு வியர்வையில்லாமலும், நாசியின் வழியாக சுவாசம் வெளிப்பட்டும், கண்டத்தில் கபமில்லாமலுமிருந்தால் அத்தகைய ரோகி மரணமடையமாட்டான். எந்த ரோகிக்கு நித்திராபங்கமில்லையோ, தேகம் சௌக்கியமாகவும், லேசாகவுமிருந்து, இந்திரியங்கள் தங்கள் வேலைகளை சௌக்கியமாகச் செய்துக்கொண்டும், கேட்குதல், பார்த்தல், முகருதல், வசனித்தல், ருசிப்பார்த்தல் முதலிய செய்கைகளில் பழுதில்லாமலிருந்தாலும், சமவார்த்தைகளையுடையவனுகவிருந்தாலும், அத்தகைய ரோகி மரணமடையமாட்டான். "உண்மையுள்ள மூவருமே யொடுக்கமாகி, ஒப்பில்லா வாதமது உலாவி நின்ருல், திண்மை வினையகற்றவே செயலுண்டாக்கி, ஜென்மித்து வயிற்றிலே பித்தம் நின்று, நன்மையாய் கனல்மூட்டித் தெளிவுதந்து நயமாகச் சிவமயமதாக்கிவைக்கும், அண்மை மனங்கலங்காமல், துணிவுகொண்டு, அருளான அமிழ்தங்களறிந்து மூட்டே" என்று சொன்னவண்ணமிருந்தாலும், ஔஷதப் பிரயோகஞ் செய்யவேண்டியதே என்று ஆயுள் வேதியர்களுக்கு அதிகாரமு முண்டென்பதை கவனிக்கவேண்டும்.

முற்றும் அசாத்தியக் குறிகள்.

(1) மூட்டியே மூவருமே மூடமானுல், மூதண்ட ஜன்னியுட மூர்க்கமாகும்,
மூட்டியே மூவருமே மூடுகிகின்ருல், முத்தோஷம் ஜனிக்கின்ற முறைமையா [கும்,
கோட்டியே வாதமது குளிர்ந்துநின்ருல், குணமில்லை மரணத்தின் கூறதாகும்,
வாட்டியே வாதமது மழுங்கிநின்ருல், மறிப்படா மரணமென்று மதிக்கலாமே.

(2) காலமே வாதமது மெலிந்துநின்ருல், கதிர்சாயும் பொழுதிலந்த மரணமாகும்,
பாலமே நடுப்பித்தம் மெலிந்துநின்ருல், பானுயுதயந் தனிலே மரணமாகும்,
மாலையே ஐயமது மெலிந்துநின்ருல் மரணமில்லை வந்தநோய் தீர்ந்துபோகும்,
கூலமாய் இப்படியே வகுத்துநன்ருய், குறிப்பறிந்து கூறுவார்கள் பெரியோ [ராமே.

(3) கண்ணும் பல்லுந் தான்கருத்து, கருது மூச்சு வாய்த்திறந்து,
உண்ணும் வயிற்றில் சேத்துமமு மோடி மிகவே தானடைந்தால்,
பண்ணு மருந்து பாயாது, பண்பாய் சுவாசம் மேல்வாங்கி,
மண்ணும் விண்ணுந் தானறிய மரண மாவார் கண்டீரே.

(4) இடை தொடை மார்பின்கீழே யெறிப்பட பதறி யோடின்,
முடிகிட வீங்கு மாயின், மூவரி லொருவ ரோடில்,
படரவே தாக மிஞ்சிப் பஞ்சிடுங் கண்ணும் வாயும்,
அடரவிக் குணங்கள் கண்டாலறிந்துகொள் மரணமென்றே.

(5) எடுக்கும் படுக்கு மெழுந்திருக்கும், மிளைத்தே மூச்சு தனைவாங்கும்,
தொடுக்குந் தொடுத்த விழியிரண்டு மலர விழிக்கும் வழிபார்க்கும்,
தொகுக்குந் தொடுத்த சேத்துமமுந் தொண்டை தனையு மடைப்பிக்கும்,
மடுத்து வருவ திதுகண்டா லறிவீர் மரணம் நிச்சயமே.

(6) ஊசிபோல் முகமும் நீண்டு, உடம்பெல்லாம் நரம்பு தோன்றி,
பாசிபோல் கண்பஞ் சிட்டுப் பாந்திருள் மூடு மாகில்,
பேசுநாவறண்டு பேசி, பித்தது பிதற்றுமாகில்,
காசினி யறியச் சொன்னேன் கண்டுகொள் மரண மென்றே.

என்றும், இன்னும் பலவாருகவும் சாத்தியா சாத்தியக் குறிகளைப்பற்றி நம்முன்னோர்கள் ஆயுள் வேதத்தில் அருளிச் செய்திருக்கிருர்கள். மேலும், மரண காலத்தில் பிணியாளிபடும் அவஸ்தைகள் (1) பிணியாளியின்மேல் பிண நாற்றம் நாறுதல், (2) பல வேற்றுமையான பேச்சுகள், (3) சித்தங்கலங்குதல், (4) இளைப்பும் மேல்மூச்சும் வாங்குதல், (5) முகட்டுப் பார்வை, (6) உடல் குளிர்தல், (7) அன்னத்தின்மேல் அதிக விருப்பமுண்டாதல், (8) கண் பஞ்சடைதல், (9) உடல் வெளுத்தல், (10) உயிர் உடலைவிட்டு நீங்குதல் முதலான பத்து விதங்களையும் கவனிக்கவேணடும்.

மேலும், ஆயுள்வேத சித்தாந்தப்படி ரோக நிதானஞ்செய்யும், பத்துவித தேர்தல்களில், நாடியையே ஆயுள்வேதியர்கள் அதிகமாகக் கையாள்வதனுல் அதைப்பற்றியே மேலே சொல்லப்பட்டது. அது நீங்கலாக மற்றவகை தேர்தல்களாகிய, விழி, நாக்கு, உடல், மலம், மூத்திரம், சப்தம், மூக்கு, தூக்கம், ஜீரணசக்தி முதலான ஏனைய தத்துவங்களைப்பற்றி எழுதப்புகின், ஏராளமாகப் பெருகுமென்று அஞ்சி, இதுவரையில் சொல்லியதே போதுமென்று நிறுத்திக்கொள்ளுகிறேன் மற்ற விஷயங்களைப்பற்றி கமிட்டியார்கள் விபரங்கள் வேண்டுமென்று விரும்பி, வேண்டிய சாவகாசம் கொடுக்கும் பட்சத்தில், எழுதியனுப்ப தயாராக இருக்கிறேன் என்றும் தெரிவித்துக் கொள்ளுகிறேன்.

(c) ஆம், சந்தேகமில்லை. கற்றறிந்த ஆயுள்வேத வைத்தியர்களினுல் சாஸ்திரோக்தமாக செய்யப்பட்ட ஔஷதங்களாக இருக்கும்பட்சத்தில், அத்தகைய ஆயுள்வேத ஔஷ

தங்களைக் கண்டால் அநேக அசாத்தியமான ரோகங்களெல்லாம், காற்றிலகப்பட்ட இலவம்பஞ்சைப்போல் பறக்குமென்பதில் சந்தேகமில்லை. ஆங்கில முறைப்படி, வைத்தியஞ் செய்து முடியாதென்று கைவிடப்பட்ட அநேக ரோகங்கள் எங்கள் ஆயுள்வேத ஔஷதங்களினால் தீர்ந்திருக்கின்றனவென்பதற்கு, உண்மையும், நடுநிலைமையும் வகித்து, மனசாட்சிக்குக் கட்டுப்பட்டிருக்கும், அநேக ஆங்கில வைத்தியர்களே சாட்சி பகருவார்கள். மகா பிரசித்தியடைந்த "..................என்பவருடைய Mst. Santal Flava et. Bachu என்னும் ஔஷதத்திற்கும், ஆயுள்வேத சித்தாந்தப்படி செய்யப்பட்ட "கோக்ஸராதி சூரணம்" என்னும் எங்களுடைய ஔஷதத்திற்கும் ஒரு காலத்தில் போட்டி நடந்திருக்கிறது, 1916-ம் வருஷம் நம்முடைய தேசத்திற்கு விஜயஞ்செய்த மகா மாயசுரமாகிய இன்புளுவென்சாவினால் ஆயிரமாயிரமாக ஜனங்கள் கஷ்டப்பட்டதைக் கண்டு நான் சகியாமல் என்னால் செய்யப்பட்டு எல்லா சுரங்களுக்கும் பொதுவாக உபயோகிக்கும் "சுதர்ஸண சுரமாத்திரை"யைச் செய்து எல்லாருக்கும் இலவசமாகக் கொடுத்த கணக்கற்றவர்கள் சுகமடைந்திருக்கிறார்கள். 'Police Training School, Vellore'ல் சுருக்கெழுத்து ஆசிரியராகிய Rai Bahadur Srinivasa Rao அவர்களுடைய வீட்டில் ஒரே காலத்தில் 18 நபர்கள் மேற்கண்ட வியாதி கண்டு 7, 8 தினங்களாக ஆஸ்பத்திரியில் மருந்து சாப்பிட்டுந்தீராமல், மேற்கண்ட மாத்திரையை நான் அவர்களுக்குக் கொடுத்து ஒரே நாளில் சுகமடைந்தார்கள் என்று சாட்சியுடன் சொல்லுகிறேன். ஆங்கில வைத்தியர்களினால் ஆகாத காய சிகிட்சைகளையெல்லாம் ஆயுள் வேதியர்களாகிய நாங்கள் ஆகும்படிச் செய்திருக்கிறோம். சஸ்திர சிகிச்சையைப்பற்றி "சுஸ்ருதர்" தம்முடைய நூலில் அமோகமாகச் சொல்லியிருப்பதிலிருந்தும், கபாலத்திலிருந்த தேரையை வெளிப்படுத்திய காரணத்தைக்கொண்டு "தேரையர்" என பெயர் பெற்றதனாலும், சஸ்திர சிகிச்சைக்கு நாங்கள் பாத்திரர்களாகவிருந்தும் அநியாயமாக நாங்கள் அச்சிகிச்சையை அப்பியசிக்கக்கூடாதென்றும், கையாளக்கூடாதென்றும் தடுக்கப்பட்டு, அச்சிகிச்சையை ஆங்கில வைத்தியர்களே சர்வமானியமாக வைத்து அனுபவிப்பதனாலும், அச்சிகிச்சையில் மாத்திரம் நாங்கள் பின்னடைவோமேயன்றி மற்றபடி, காய சிகிச்சையில், ஆங்கில வைத்தியர்களுக்கு ஆயுள்வேத வைத்தியர்கள் பின்வாங்கினவர்களல்ல. எங்கள் ஆயுள்வேதம், தேச பாஷையிலிருப்பதனாலும், தற்காலம் தேச பாஷைக்கு மதிப்பில்லாமையினாலும், அப்பாஷை அல்லது சாஸ்திரத்தில் பூர்ண பாண்டித்தியமுடையவர்கள், சுத்த சத்துவகுணத்துடனிருந்து, தற்காலம் வேண்டிய குணங்களில் ஒன்றாகிய படாடோபம் இல்லாமையினால் கர்நாடக மனிதர்கள் என்றுச் சொல்லப்படுவதனாலும், மேற்கண்ட சாஸ்திரத்தில் நிபுணர்களாகிய அதிமேதாவிகள் வெளியில்வாராமல் "உப்பைப்போல், உமியைப்போல், கொக்கைப் போல், கோழியைப்போல்" என்று சொன்னபடி இருக்கிறார்கள். ஆயுள்வேத ஔஷதங்கள், இத்தேசத்தின் மக்களின், கால தேசம் வர்த்தமானங்களுக்கும், மதம், ஆசாரம், தேகதிடம் முதலானவைகளுக்கும் ஏற்றபடியும் அதிக மலிவாகவும் எல்லாவகை ஔஷதங்களும் ஏதோவொருவகை மூலிகையின் சம்பந்தத்துடனேயே நம்முடைய பெரியோர்களாகிய திரிகால ஞானிகளினால் ஏற்படுத்தப்பட்டிருக்கின்றன. தற்காலம் ஒரு மேதாவியாகிய ஆங்கில பண்டிதரால் கண்டுபிடிக்கப்பட்டு மெத்த புகழப்பட்ட ஒரு ஔஷதம், மறுவருடம் இருந்தவிடந்தெரியாமல் மறைந்து போகின்றது. ஆயுள்வேத ஔஷதமோ அப்படிக்கின்றி பல்லாயிரம் வருடங்களுக்குமுன் சொல்லப்பட்டு, உபயோகிக்கப்பட்டதில் எந்த குணத்தை தந்ததோ அதே குணத்தை இன்றும் தந்து, எல்லோராலும் உபயோகிக்கப்பட்டும் வருகிறது. சுத்தபைரவம், சொர்ணானந்த பைரவம், பிரமானந்த பைரவம், விநோத பைரவம், தசவித அக்னி குமார ரசம், வங்கேஸ்வர ரசம், சர்வஜித்து ரசம், மேகசுலாந்தக ரசம், குன்மகுடாரம், வாதராட்சஸ ரசம், ராஜமிருகாங்க ரசம், மகாராஜமிருகாங்க ரசம், ராஜகண்டேஸ்வர ரசம், ராஜராஜேஸ்வரம், வசந்தகுசுமாகரம், மகா வசந்த குசுமாகரம், லங்கேஸ்வரன், தாளகேஸ்வரம், பூபதி, சிந்தூர பூஷணம், சிந்தாமணி, சூடாமணி, லட்சாமணி, பூதபைரவம், முதலானவைகளும் இன்னும் எண்ணிறந்தவைகளும் அன்றைக்கும், இன்றைக்கும், என்றைக்கும் அப்படியே இருக்குமென்பதில் என்ன சந்தேகம். இதில் ஏதாவது மாறுபட்டமிருக்கின், அது ஆக்கியோன் தப்பிதமேயன்றி ஆயுள்வேதத்தின் தப்பாகவிராதென்பது திண்ணம். ஆங்கில ஔஷதங்களில் பல இந்துக்களின் ஆசாரத்திற்கு புறம்பாகிய "ஆல்கஹோல்" என்னும் சாராயத்தின் சம்பந்தமாகவே இருக்கிறது. சாராயம் குளிர் பிரதேசத்திற்கு உதவக்கூடியதேயல்லாமல், உஷ்ண பிரதேசமாகிய நம்முடைய நாட்டிற்கும், நாகரீகத்திற்கும், ஆசாரத்திற்கும், மதத்திற்கும் விரோதஞ் செய்யக்கூடியதேயாகும். ஆயுள்வேத ஔஷதங்கள் மிகக்கொடியவைகளென்றும், அத்தகைய மருந்துகளை ஆயுள் வேதியர்கள் அறியாமையினால் அதிகப்பட உபயோகித்து கெடுதியைச் செய்துவிடுகிறார்கள் என்றும் தலைநோய்க்கு மருந்து கொடுக்க, தலைநோயுடன் வயிற்றுநோயும் தொடர்கின்றனவென்றும், ஒரு பெரிய அபவாதஞ் சொல்லப்படுகிறது. இது எவ்வளவு தூரம் நியாயமோ தெரியவில்லை. ஆங்கில வைத்தியத்தில் வயிற்றில் கட்டியுண்டென்றும், அதை "operation" செய்யவேண்டுமென்றும் தீர்மானித்து பிணியாளிக்கு நன்மை பயக்க, நல்லெண்ணத்துடன் வயிற்றைக் கீற, பிணியாளி வைகுண்ட பதவியடைந்துவிடுகிறான். இதனால் வயிற்றுக்கட்டியோடு, பிணியாளி வயிறுகீறுண்டு குடலறுந்து செத்தான என்று சொல்லுவதா? ஆயுள்வேதியர்கள் சுக்கு, மிளகு, திப்பிலியுடன் பாஷாணமீறாகவுள்ள, எல்லா ஔஷதங்களையும

"சுத்தி" என்னும் தீட்சைக்கு உட்படுத்தியே உபயோகிக்கிறார்கள். ஆங்கில வைத்தியத்தில, கல், மண் ஆய்ந்தெடுப்பதன்றி, மற்றபடி "சுத்தி" என்றும் பதத்திற்கே அர்த்தமில்லையல்லவா ?

3. (a). ஆம். வேலூரில் "வேலூர் ஆயுள்வேத வைத்தியசாலை" என்று ஒரு வைத்தியசாலையை ஏற்படுத்தி, சுமார் 15 வருடங்களாக நடத்திவருகிறேன். நோய்கொண்ட மக்களின் நோயைத் தீர்க்கவேண்டுமென்பதே என்னுடைய பூரணமான சித்தாந்தம். இவ்விதமே என்னால் ஆனவரையில் என் ஜீவகாலம் வரையில் செய்துமுடிக்கவேண்டுமென்றும் தீர்மானித்திருக்கிறேன். வேலூரிலிருந்தும் அதைச் சூழ்ந்த எல்லா கிராமங்களிலிருந்தும், அன்னிய ஊர்களிலிருந்தும், அநேக பிணியாளிகள் என்னிடம் வருவது வழக்கம். இதற்கென்றே ஒரு தனி இடமும் பிணியாளிகள் வந்து தங்கியிருக்க விட்டிருக்கிறேன். அநேக கஷ்ட சாத்தியமான வியாதிகளெல்லாம் என்னால் தீர்ந்திருக்கின்றன. இதற்கு ஆயிரங்கணக்கான சாட்சிகள் உண்டு. எனக்கு 1921-ம் வருஷம், எப்பிரல் மாதம் திருநெல்வேலியில் கூடிய ஆயுள்வேத வைத்திய மகாநாட்டில் எனக்கு "வைத்திய ஆசிரியர்" என்ற பட்டமும் கொடுத்திருக்கிறார்கள். அதிகமாக எழுதினால் தற்புகழ்ச்சியாகுமென்று இதோடு நிறுத்துகிறேன்.

(b) தற்காலம் நமது தேசத்திலுள்ள ஆயுள்வேத கல்லூரிகளும் வைத்தியசாலைகளும் மகா சமுத்திர ஜலத்தில் ஒரு துளிமாத்திரமாக விருக்கிறது 33 கோடி ஜனங்களுள்ளதும், பசியால் வருந்திப் பல பிணிகளால் பீடிக்கப்பட்டு நித்தநித்தம் கஷ்டத்தையே அநுபவிக்கும் ஏழை ஜனங்களுக்கு; ஆங்கில வைத்திய உதவியே போதாதென்றால் அங்கங்கே மூலைமுடுக்கில் ஒவ்வொன்றாகவிருக்கும் ஆயுள்வேத வைத்தியசாலைகளின் உதவிபோதுமா? அதிலும் ஆயுள்வேதியர்களுக்கு வேறே வருமானமும் சகாயமும் இல்லாமையால் ஏழை ஜனங்களிடம் ஏதோ கொஞ்சம் பணம் பெற்றே உதவிச் செய்கிறார்கள். கொடுக்கக்கூடியவர்கள் கொடுத்தும் கொடுக்கக்கூடாதவர்கள் நோயால் மடிந்தும்போகிறார்கள். சுமார் 60, 70 ஆயிரம் ஜனங்களைக்கொண்ட இந்த வேலூரில், உள்ளூர் ஜனங்களுக்கும் வெளியூர் ஜனங்களுக்கும் ஒரு ஆஸ்பத்திரி இருந்து அதில் 3, 4 சிப்பந்திகள் இருந்தால் போதுமாவென்று தீர்க்கமாக யோசிக்கவேண்டியது கடமையாகவிருக்கிறது. ஆஸ்பத்திரிக்கு வந்தவர்கள்போக, எஞ்சி நின்றவர்கள் யாரைக்கொண்டு வைத்தியஞ் செய்துக்கொள்ளுகிறார்கள் என்பதையும் கவனித்தால் ஆயுள்வேதியர்களின் சிறப்பு விளங்கிவிடும். ஆகையினால் ஆயுள்வேதத்தை உண்மையில் விர்த்திசெய்யவேண்டுமானால் நம்முடைய மாகாணத்தில், (1). ஆந்திரத்தில் ஒன்றும், (2). தமிழில் ஒன்றும், (3). கேரளத்தில் ஒன்றும், (4). கன்னடத்தில் ஒன்றும், (5). சமஸ்கிருதத்தில் ஒன்றுமாக அனந்த பாஷைகள் பேசும் பிராந்தியங்களில் ஆயுள்வேத கல்லூரிகள் ஏற்படுத்தப்பட்டு, அதில் மாணாக்கர்களை தேர்ச்சியுறும்படிச் செய்து, பலவிடங்களுக்கு அனுப்பி, பொதுமக்களுக்கு சகாயஞ்செய்யும்படி செய்யவேண்டியது கவர்ன்மெண்டாரின் கடமையாகவிருக்கிறது என்பதை உண்மையறிந்த யாரும் மறுக்கமாட்டார்கள் என்பது திண்ணம்.

(c) படித்தவர்களென்று சொல்லப்படும் சில பெரிய உத்தியோகஸ்தர்களும், நவீன நாகரீகிகளும்தவிர, மற்றவர்களெல்லாம் ஆயுள்வேதத்தையே விரும்புகிறார்கள். உண்மையைச் சொல்லுமிடத்து, தற்காலம் ஆஸ்பத்திரிகளில் ஏழைகளை கவனிப்பதில்லையென்றும், தகுந்தபடி ஆதரவும் அனுசரணையுஞ் செய்வதில்லையென்றும், அவ்விடம் போகவே அவர்கள் அதிகமாக வெறுக்கிறார்கள் என்றும், எந்தவகை நோயுக்கும் ஒரேவகைத் தண்ணீரை ஊற்றிக் கொடுக்கிறார்களென்றும், பிரபுக்களையே அவர்கள் கவனிக்கிறார்களென்றும் அதனால் தங்களுக்கு நல்ல ஊதியத்தையும் ஆஸ்பத்திரிக்கு மாதம் அணா 8 வருமானத்தையும் பெறுகிறார்களென்றும், ஏழைகள் போனால் ஏனென்று கேட்பதில்லையென்றும் பேச்சுண்டு. ஆகவே, எல்லாராலும் அதிகமாக விரும்பப்படும் ஆயுள்வேதத்தையும், ஆயுள்வேதியர்களையும் ஆதரிக்கவேண்டிய கடமை ஏற்பட்டுவிடுகிறது. இதற்காக ஒவ்வோர் பட்டணங்களிலும், நாலுமூலைக்கு நான்கு ஆயுள்வேத வைத்தியசாலையையும் ஏற்படுத்தி, ஒவ்வோர் ஆயுள்வேத வைத்தியசாலைகளிலும் குறைந்தது 2 ஆயுள்வேதியர்களை நியமித்து, ஆபத்து அடைந்தவர்களுக்கு அல்லும் பகலும் சகாயஞ் செய்யும்படி ஏற்பாடு செய்யவேண்டும். இதனால் ஏராளமான திரவியஞ் செலவாகும் என்னும் பயமுமில்லை. தற்காலம் அந்தந்த ஊர்களிலுள்ள வைத்தியர்களை, "இவர்கள் வைத்தியர்கள்தான்" என்று ஒப்புக்கொண்டு அவர்களுக்கு உற்சாகமுண்டாகும்படி, தற்காலம் ஆங்கில வைத்தியர்களில் தாழ்ந்தபடியிலிருக்கும் நபர்களுக்கு L.M.P. என்று பட்டமிருப்பதைப்போல் இவர்களுக்கும் குறைந்தது L.A.M.P. என்கிற பட்டத்தையும் கொடுத்து வருடமோ அல்லது மாதத்திற்கோ ஒரு முறைக் கொஞ்சம் திரவிய சகாயமுஞ் செய்தால், இதனால் அநேக நன்மைகள் உண்டாகுமென்பதில், யாதும் சந்தேகமில்லை. ஊரிலுள்ளவர்கள் தங்களுக்கு இஷ்டமுள்ளவிடத்தில் வைத்திய சகாயத்தை பெறுவார்கள். வைத்தியர்களும் தாங்கள் சிகிச்சை செய்தவர்களின் எண்ணிக்கை முதலான சகல தகவல்களையும் மாதமாதமோ, அல்லது 3 மாதங்களுக்கொருமுறையோ ஒப்படைப்பார்கள். ஆயுள்வேதத்தின்மேல் அபாண்டமான பழிச்சொல் தற்காலம் ஏற்பட்டிருப்பதனால் கவர்ன்மெண்டார் ஆயுள்வேதியர்களை பகிரங்கமாக ஒப்புக்கொள்ளாவிட்டால், அது முடியாத காரியமாகும். ஆயுள்

வேதியர்களுக்கும் உற்சாகமுண்டாகாது. கிராமாந்திரங்களில் 4, 5 கிராமங்களை யொன்ருகச் சேர்த்து, மத்தியமான தாய் கிராமத்தில் ஒரு ஆயுள்வேத வைத்திய சாலையை ஏற்படுத்தி, அதில் ஒரு வைத்தியரை நியமித்து, அக்கிராமவாசிகளுக்கு, உதவி புரியும்படி செய்வதோடு அவ்வைத்தியரைக்கொண்டு, அவருக்குள்ள சாவகாச நேரங்களில், கிராமவாசிகளுக்கு சுகாதாரத்தைப்பற்றி உபந்நியாசங்கள் செய்யும்படியுஞ் செய்ய வேண்டும். இதற்காக, அவருக்கு நல்ல சன்மானமும், கொடுப்பதோடு, கிராம முன்சீப் முதலானவர்கள் இவருடைய பேச்சுக்கு மதிப்பையும் சகாயமுஞ் செய்யும்படி ஏற்பாடுகளும் செய்யவேண்டும். இப்படிச் செய்வதனுல், பல கெட்டவியாதிகள் ஒழிவதோடு தேசமக்களுக்கும் பல நன்மைகள் உண்டாகும். வேலூருக்கடுத்தபடி 14 மைலுக்கப்பாலிருக்கும் வாணியம்பாடி, ஏரி புதூர் என்னும் கிராமத்து மணியகாரருக்கு, அவர் கிராமத்தில் நோயடைந்தவர்கள் வேலூரில் யாரிடம்போய் வைத்தியஞ் செய்துக்கொள்ளுகிருர்கள் என்று கேட்டுத் தெரிந்துக்கொள்ளலாம்.

கேள்வி 4.—(a)—(1) எல்லா முஸ்தீபுகளும் நிறைந்த ஆயுள்வேத கல்லூரிகளை ஏற்படுத்தி, அதில் மாணுக்கர்களைப் படிக்கும்படிச்செய்ய, தற்சமயம் சாத்தியப்படாவிட்டால் அத்தகைய ஆயுள்வேத பண்டிதர்களிடம் மாணுக்கர்களை யொப்புவிக்கலாம். ஆனல், அத்தகைய பண்டிதர்கள் தற்காலத்திய நவீன சாஸ்திரங்களில் சற்று பயிர்ச்சியுள்ளவர்களாக விருக்கவேண்டும்.

(2) ஆம். “கற்றதுகைமண்ணளவு-கல்லாதுலகளவு” என்றபடி, சாஸ்திரங்களோ அநேகம். அவைகளில ஒன்றையொன்று தொடர்ந்தேயிருக்கின்றது. வைத்தியர்களாக விருப்போர், ஏதோ, “இரத்தினசுருக்கம்” என்னும் சிறிய புத்தகத்தை படித்ததனுலேயே தான் பண்டிதனென்று எண்ணிவிடக்கூடாது. எப்பொழுது சாஸ்திர ஆராய்ச்சியிலேயே இருக்கவேண்டுமாகையினல் அவர்கள் பல நவீனங்களை கண்டறிவதிலேயே கண்ணுங்கருத்துமாக விருக்கவேண்டும். அவர்கள் அத்தகைய விடங்களுக்குப் போகவேண்டியது நியாயமே. ஆனல் தற்சமயம் சமரசபுத்தியில்லாத ஆங்கில வைத்தியர்களிடம் எங்களை ஒப்புவித்துவிட்டால், “அது தாசியைக்கண்டால் தாசியும், கோழியைக்கண்டால் கோழியும், பண்டிதனைக்கண்டால் பண்டிதனும், நாயைக்கண்டால் நாயும் உற்” என்றபடி முடிந்து, நாங்களும் “Oh God! save us from our friends” என்று கதரவேண்டியிருக்கும் என்பதையுங் கவனிக்கவேண்டும். ஏனெனில், தற்காலம் மேற்கிற்கும் கிழக்கிற்கும் வெகுதூரமாக விருக்கிறது. இருவகையாரும் ஏகோபித்து இருவர்களும் சாஸ்திரங்களையே ஆதாரமாகக் கொண்டவர்களென்ற சமரசமும் சகோதரத்துவமுமுண்டாகி இருவகையாரும் உலகத்திற்கு உபகாரிகளே என்கிற எண்ணமுண்டாகிறவரையில் இது சற்று அசாத்தியமாகவே இருக்கும்.

(3) (a) ஆம். இதற்கு வேண்டிய வழிகளைக் கண்டபின்பும் வேண்டிய சாதனங்களை அடைந்த பின்பும் அப்படிச் செய்யலாம். தற்காலம் நம்முடைய மாகாணத்தில், சென்னை ஆயுள்வேத கலாசாலையில் மாணுக்கர்களைப படிக்கும்படி செய்து அனுபவத்தேர்ச்சிக்கு ஆந்திர ஔஷதச்சாலையில் விட்டு பழகவைக்கலாம். எது எவ்விதஞ் செய்தாலும், எல்லா நடவடிக்கைகளும் மாணுக்கர்களின் தாய் பாஷையிலேயே நடக்கும்படிச் செய்ய வேண்டுமே.

(b) தற்காலம் ஆங்காங்குள்ள ஆயுள்வேத வைத்தியர்களை தேர்ந்தெடுத்து, அவர்களுக்கு வேண்டிய ஆதரவளித்து, உற்சாக முண்டாகும்படி கௌரவப்படுத்தி, காரியத்தை நடத்திக்கொண்டுபோனல் வெகு ஜன சுகமுண்டாகும். வேண்டிய கெட்டிக்காரர்களான வைத்திய சிரேஷ்டர்கள் ஆங்காங்கு நீர்பூத்த நெருப்பைப்போலிருக்கிருர்கள். அவர்களெல்லாம் வெளிப்பட்டு தேசத்தின் க்ஷேமத்திற்காக உழைக்கும்படிச் செய்வது கவர்ன்மெண்டாரின் கடமையாகும்.

கேள்வி 5.—கவர்ன்மெண்டாரால் ஆயுள்வேத வைத்திய கல்லூரிகளும், ஔஷதசாலைகளும், நாடெங்கும் ஏற்படுத்தப்பட்டு, நவீனமுறையில் நடத்தப்பட்டால், இதுவும், ஆங்கில வைத்தியமும் ஒன்ருக இணைந்துவிடுமென்பது வேடிக்கையாகவே இருக்கிறது. இந்த கோட்பாடு, “தாடி பற்றி எரிகிறகாலத்தில் சுருட்டை பற்றவைக்க நெருப்பு கேட்டானும்” என்னும் கதையாக விருக்கிறது. நாம் ஒரு ஜனசமூகமென்பதும், நமது பாஷையென்பதும், நமது சாஸ்திரமென்பதும் சந்தேகத்திலிருக்க, இதெப்படி நடக்குமோ தெரியாது நமது வைத்திய சாஸ்திரமென்ருல், உடனே “அப்படியும் ஒரு வைத்திய சாஸ்திரம் உண்டாவென்று” வெகு ஆச்சரியத்தோடு கேட்கிருர்கள். இப்படி கேட்பதை விட்டுவிட்டு, இந்துஜனசமூகமென்பது ஒன்று உண்டு, அதற்கு மற்றவர்களைப்போல் மதமுண்டு, பாஷையுண்டு, சாஸ்திரமுண்டு, அநாதியான நல்ல நாகரீகமுண்டு என்று, முதல்முதலில் ஒப்புக்கொண்டு, நல்ல எண்ணத்துடன், அதை அவலம்பித்து, உலகத்துக்கு உதவிபுரிய எண்ணமுண்டானல், அதுவும் இதுவும் இணைவதோடு, ஆங்கில வைத்தியத்திற்கு ஒருபடி மேலோங்கியே நிற்குமென்பதற்குச் சந்தேகமில்லை. ஆங்கில வைத்தியமென்று ஒன்றில்லாமல், மேல் நாட்டாரின் வைத்தியமென்றொன்றிருப்பதாகவே ஏற்படுகிறது. அதில், ஐரோப்பா கண்டத்திலும், மற்ற இதரப் பிராந்தியங்களிலும் உண்டாகி, நமக்குத் தெரி

யாத சில ஔஷதங்களைத் தவிர, மற்றவைகளெல்லாம் நம்முடைய வாகடத்தி லுள்ளவைகளே. நம்முடைய விரலைக்கொண்டு நம்முடைய கண்ணைக் குத்துவதைப்போல் நம்முடைய ஔஷதங்கள் அவர்கள் வைத்திய வாகடத்தில் ஏறியபிறகு (Medical Act) பிரகாரம் நாம் அவைகளைக் கையாளக்கூடாதாம். ஆங்கில வைத்திய வாகடத்தின்படி "Carminative Mixture" என்னும் தீபனகாரி கலவையில், நவாக்ஷாரமது, ஏலரிசிபாவன திராவகம், ஸர்ஜக்ஷாரம், எட்டிக்கொட்டை பாவன திராவகம், குளோரோபாரமது, பெப்பர்மெண்ட் ஜலம் கலக்கின்றன. நம்முடைய தீபனகாரி மாத்திரையில் இரஸம், நாபி, கந்தகம், ஓமம், திரிபலை, ஸர்ஜக்ஷாரம், யவாக்ஷாரம், சித்திரமூலம், இந்துப்பு, சீரகம், அட்டுப்பு, திரிகடுகு, எட்டிக்கொட்டை முதலானவைகள் சேருகின்றன. இவ்விதம் அவர்கள் வாகடத்திலும் நம்முடைய வாகடத்திலும் பொதுவாகவிருக்கும் எட்டிக்கொட்டையை ("Nux vomica") எவரும் Licence இல்லாமல் வாங்கவும் உபயோகிக்கவுங்கூடாதாம். நாம் நம்முடைய வாகடத்தின்படி தீபனகாரிகளாக, ஓமம், திப்பிலி, நிலவேம்பு, சோம்பு, சுக்கு முதலிய தனி ஔஷதங்களையும், அவைகளின் கூட்டுகளைக்கொண்டு தயார்செய்யும் சூரண வடக லேகியாதிகளைத் தவிர்த்து மற்றெவைகளையும் தொடப்போவதில்லை. அப்படியிருந்தும், ஆங்கில மருந்துகளை அவைகளின் குணாகுணங்களை நன்கு தெரிந்துகொள்ளாதவர்கள் கையாளுவதனால், அவைகளை அளவுக்கு மிஞ்சி உபயோகித்து கெடுதியையுண்டாக்கி விடுவார்கள் என்று பூச்சிகாட்டி, உள்ளடவில் தங்களுடைய சுய நலத்தைக்கருதியே இப்படிச் செய்திருக்கிறார்கள் என்று ஏற்படுகிறது. இந்துதேசமானது ஒரு பெரிய கண்டமென்று (பரதகண்டம்) சொல்லப்பட்டபடி யில்லாவிட்டாலும் 33 கோடி ஜனங்களைக்கொண்ட ஒரு பெரிய தேசமாக விருக்கிறதென்பதற்கு யாதும் சந்தேகமில்லை. அப்படிப்பட்ட ஒரு மகத்தாகிய தேசத்திற்கு சொந்தமாகிய மதம், பாஷை, ஞானம், நாகரீகம், சாஸ்திரம் முதலாகிய ஒரு ஜன சமுதாயத்திற்கு இருக்கவேண்டியவைகள் இல்லையா? இத்தேசத்திய மக்கள் பூர்வகாலந்தொட்டு மௌடிகத்திலேயே ஆழ்ந்திருந்தார்களா? அவர்கள் ஒழுகவேண்டுமானால் அன்னியமதத்திலேயே ஒழுகவேண்டுமா? பேசவேண்டுமானால் அன்னிய பாஷையே பேசவேண்டுமா? படிக்கவேண்டுமானால் அன்னிய சாஸ்திரங்களையே படிக்கவேண்டுமா? அடையவேண்டுமானால் அன்னிய நடை நொடிபாவனைகளையே அடையவேண்டுமா? படித்தவன் என்றால் இங்கிலீஷ் படித்தவனையே குறிப்பதும், நாகரீகமுள்ளவனென்றால், மேல் நாட்டு ஸம்பிரதாயப்படி ஆடைகளை அணிந்தவனையே குறிப்பதும், நல்ல ஆகாரம் சாப்பிடுகிறானென்றால் மாமிச பட்சணத்தைக்குறிப்பதும், பானமென்றால் மதுவகைகளைக் குறிப்பதும், எந்த ஆதரவை அனுசரித்தோ தெரியவில்லை. ஒவ்வொரு தேசத்தாருக்கும் தங்களுடைய மதம், பாஷை, ஞானம், சாஸ்திரம், நாகரீகமென்று சொந்தத்திலிருக்க, இத்தேசத்தார்களுக்கு மாத்திரம் எல்லாம் இரவலாக இருப்பதற்கு காரணமென்ன? நம்முடைய தேசத்தில் நான்கு வேதங்கள், உபவேதங்கள், ஆறு சாஸ்திரங்கள், அறுபத்து நான்கு கலைக்கியானங்கள் இருந்ததாகச் சொல்லி, அவைகளிருந்ததற்கு ஏற்ற நிஜமான அத்தாட்சிகளும் இருக்க அவைகள் எங்குபோய் ஒளித்துக் கொண்டன. எந்த சமுத்திரத்தில் முழுகிவிட்டன. கட்டடம்கட்ட சிற்பிகள் வேண்டுமானால் அன்னிய தேசத்திலிருந்து வரவேண்டும், வைத்திய சாஸ்திரம் கற்பிக்கவேண்டுமானால் அன்னிய தேசத்திலிருந்து வரவேண்டும். அஸ்வ சாஸ்திரி, கோ சாஸ்திரி, பூ சாஸ்திரி, கணித சாஸ்திரி, சங்கீத சாஸ்திரி, பரத சாஸ்திரி, ககோள சாஸ்திரி முதல் எல்லா சாஸ்திரிகளும் வெளியிலிருந்தே இறங்கவேண்டும். நம்முடைய சாஸ்திரங்களும், சாஸ்திரிகளும் இருந்ததாகச் சொல்லுவதெல்லாம் கட்டுக்கதையாகவே முடிந்துவிட்டது. நம்முடைய தேசமக்களுக்கும எடுத்ததெல்லாம் சந்தேகமாக முடிந்துவிட்டது. வேதம், சாஸ்திரம், புராணம், கலைக்கியானங்கள் எல்லாவற்றின் மேலும் சந்தேகம் ஏன்? இவைகள் மேனாட்டு புலவர்களால் சொல்லப்படவில்லை என்பதோ வென்னவோ சாமிக்குத்தான் தெரியவேண்டும். எல்லா சந்தேகங்களைக்காட்டிலும் நம்முடைய வைத்தியத்தின் மேல் பூரண சந்தேகம். ஏனெனில், ஆங்கில மருந்துகளைச் சாப்பிடுவதனால் நல்ல குணம் உண்டாகாவிட்டாலும் கெட்ட குணம் உண்டாவதில்லையென்று ஒரு குருட்டு நம்பிக்கை இவர்களுக்குண்டு. ஆனால், கொயினாவை சாப்பிடுவதனாலும், "Pot· Iodide" சாப்பிடுவதனாலும், Calomel சாப்பிடுவதனாலும் "after effects" இன்னதென்பது சாப்பிட்டவர்களுக்கே தெரியும். ஆயுள் வேதியாகள் அப்படிக்கில்லாமல், மருந்துகளை கண்டபடி தயார்செய்து, தேகதிடம வயது, ஆண், பெண், வியாதியின் கூறு மருந்தின் சத்துரு, மித்துரு முதலானவைகளை நன்கறியாமல், உபயோகித்து தேகத்தைக்கெடுத்து விடுகிறார்கள் எனகிற அபவாதமான பழிச்சொல்லை நம்மவர்களே சொல்லித் திருகிறார்கள். அவ்விதம் வைத்தியர்களிருப்பதற்கும், நம்முடைய சாஸ்திரம் அத்தகைய ஸ்திதியிலிருப்பதற்கும் யார் காரணம்? "காக்கைக்கும் தன் குஞ்சு பொன் குஞ்சு" என்பதைப்போல் அதை தேசமக்கள் ஏன் போற்றிப்புகழ்ந்து முன்னேற்ற மடையும்படிச் செய்யக்கூடாது. மற்ற தேசத்தவர்கள் அப்படிச் செய்வதில்லையா? அன்னிய ஆர்பாட்டம் என்பது இன்னும நம்மைவிட்டு அகலவில்லைபோலும். ஐயோ, இந்தியாவே! நீ முன்னடைந்திருந்த நிலைமையென்ன? தற்காலம் நீயடைந்திருக்கும் நிலைமையென்ன? நன்றாய் யோசித்து பார்ப்பாயாக.

சமுத்திரமானது தனனுள் பல அரிய பொருள்களை அடக்கிக்கொண்டு, அதில் முழுகுபவனுக்குக் கொடுத்துதவுவதாக விருந்தும், அதில் முழுகி, அவ்வரிய பொருள்களை

பொருவன் அடைவதைவிட்டு, மேலே நின்றபடியே அதன் ஜலத்தை நக்கிப்பார்த்துவிட்டு, 'சீசீ, உப்புகரிக்கிறது' என்று சொல்லி சமுத்திரத்தையே உதாசீனஞ்செய்து தூற்றிவிடுகிறார்கள். இவ்வித அபிப்பிராயம் அவர்களுக்கு இருக்கும்வரையில், ஆங்கில வைத்தியமும், ஆயுள்வேதமும், காலப்போக்கில் ஒன்றுபடப் புணர்வது மிக துர்லபமேயாகும். ஆயுள்வேதமும் ஒரு மகா தேசத்தின் சாஸ்திரம், அது பண்டை காலத்திலிருந்து அத்தேசமக்களால் போற்றப்பட்டு, அவர்களின் பிணிகளைத் தீர்க்கும்படி உபயோகிக்கப்பட்டு வருகிறது, அதை நாம் நமக்குள்ள செல்வாக்கினாலும், அதிகாரத்தினாலும் உதாசீனஞ்செய்யக்கூடாது, அதனிடம் சகோதரபாவங்கொண்டு நம்மாலான உதவியைச் செய்யவேண்டும் என்கிற பேரெண்ணங்கள் ஆங்கில வைத்தியர்களுக்கு உண்டாகி, ஆயுள்வேதத்திற்குரிய ஸ்தானத்தையும், அந்தஸ்தையும் அதற்குக்கொடுத்து, தன் சாஸ்திரத்தைப்போலவே இதையும், சமரச புத்தியுடன பார்த்து, வித்வக்காய்ச்சலும், சுயநலமுமின்றி, இதை கவனித்தால், இரண்டும், ஏகோபித்தபடி ஒன்றுபடக்கலந்து, ஒரு வண்டியில் பூட்டிய இரண்டு காளைகளைப் போல் குறித்தவிடம் ஏதும் ஆபத்தின்றிப் போய் சேரும். இல்லையாகில், ஒன்று காளையும், மற்றொன்று எருமைக்கடாவுமாக மாறி, எருது நிழலுககும், எருமை வெயிலிற்கும், இழுத்து மல்லாட வேண்டியிருக்குமென்பது திண்ணம்.

கேள்வி 6.—(a) ஆம். ஜடதத்துவ சாஸ்திரம், இரஸாயன சாஸ்திரம், ஜீவவர்க்க நிர்ணயசாஸ்திரம், சரீர சாஸ்திரம், சரீர வியாபார சாஸ்திரம், வியாதி கூறுரைக்கும் சாஸ்திரம், கிருமி சாஸ்திரம் முதலானவைகளை ஆயுள் வேதியர்கள் அறியவேண்டியது மிகவும் அத்தியாவசியம். கண்டதைக் கற்றால் பண்டிதனாவானென்பது பழமொழியல்லவா? நம்முடைய தேசத்திலும் அவ்வகை சாஸ்திரங்கள் இருந்ததாகவே ஏற்படுகிறது. ஆயுள் வேதியர்கள் தற்காலம் இருப்பதுபோல் இராமல், ஆயுள் வேதத்தோடு, ஜடதத்துவ சாஸ்திரம் முதலானவைகளை நன்கறிந்துகொள்வார்களானால், தற்காலம் அவர்களின் மேல் சுமத்தப்படும் பழிச்சொல் நீங்குவதுடன், இன்ன வஸ்துவில் இன்ன சத்து இருக்கிறதென்றும், இன்னின்ன வஸ்துகள் சேருவதனால், இதுவுண்டாகின்றதென்றும், அது இன்ன வியாதிக்கு உதவுமென்றும், வியாதியின்னதென்றும, எப்படியுண்டாகின்றதென்றும், அதற்கு எது பரிகாரமென்றும், இன்னும் பலவாறாகவும் தெரிந்துக்கொள்ள ஏதுவுண்டாவதோடு, அன்னோர்களை தற்காலத்திய வைத்திய சிரேஷ்டர்களென்றும் ஒப்புக்கொள்ளுவார்கள் போலிருக்கிறது.

பூர்வத்திய ஆயுள் வேதியர்கள் அவற்றையெல்லாம் தெரிந்துக்கொண்டே இருந்திருந்தார்கள் என்று சொல்லலாம். ஏனெனில், இன்ன மருந்தில் இன்ன குணமிருக்கிறதென்றும், அதை இன்ன வியாதிக்கு கொடுக்கவேண்டுமென்றும அதை இவ்வளவுதான் கொடுக்கவேண்டுமென்றும், அதோடு இன்னது சேர்ந்தால் அதன் குணம் பிரகாசிக்குமென்றும், அதை இவ்வளவு வேளைகளுக்குமேல் கொடுக்கக்கூடாதென்றும், அதனோடு இது சேர்ந்தால் அதன் குணம் கெடுமென்றும், இன்னும் பலவாறாகவும் தொகுத்துச் சொல்லி இருக்கிறார்கள். இவைகளெல்லாம சாஸ்திர ஆராய்ச்சியில்லாதவர்களின் பேச்சுகளாகவிருக்குமா? அப்பேர்பட்ட மகத்துவம் பொருந்தியவர்களின் மரபில் தோன்றியவர்கள் காலவித்தியாசத்தினால், அவைகளை கைநழுவவிட்டுவிட்டார்கள். மேல்கண்ட சாஸ்திரங்களெல்லாம் ஏககாலத்தில் அவர்கள் தெரிந்துகொள்ளாவிட்டாலும், கொஞ்சமாகவாவது அவர்கள் தெரிந்துகொள்வது மேலாகவேயிருக்கும். இவைகளுக்கு கொடுக்க வேண்டிய பட்டங்கள் பிருதுகளைப்பற்றி பல ஆயுள்வேத அறிஞர்கள் ஏகோபித்தபடி கலந்து ஆலோசிக்கவேண்டுமேயன்றி நான் ஒருவனே அபிப்பிராயஞ்சொல்லி விடமுடியாதென்று நிறுத்திக்கொள்ளுகிறேன்.

(b) தேசபாஷை நன்றாகத்தெரிந்திருந்தால் போதுமானது. 2 முதல் 4 வருடங்கள் வரையில் படிக்கலாம்.

(c) மேற்கண்ட சாஸ்திரங்களைப்பற்றி யார் எதைச்சொன்னாலும் எல்லாம் தேசபாஷையிலேயே இருக்கவேண்டும். அப்படிக்கில்லாமல் அன்னிய பாஷையிலிருந்தால் அதற்கு மதிப்பும் ருசியும் ஏற்படாது. அதோடு விர்த்தியுமுண்டாகாது. ஜப்பானியர்களைப்போல அன்னிய விஷயங்களைக் கண்டறிந்து, அதை தன்மயமாக்கிக் கொள்ளும் குணத்தைப்போல் ஆயுள் வேதியர்களுக்கும் மற்ற தேசத்திய பொது மக்களுக்கும் ஏற்பட வேண்டும். கெட்டதாகியதொன்றை தனதென்னும் அபிமானத்தினால், மனபூர்வகமாக ஒப்புக்கொள்ளுவதும் நல்லதாகிய வொன்றை அன்னியதென்னும் வெறுப்பால் உதரித்தள்ளிவிடுவதும் புத்திசாலிகளின் குணங்களாகாது. அன்னியரிடம் அநேக அற்புத குணங்களிருக்கலாம, அவைகளைத் தெரிந்துக்கொண்டு, தெரியாதவர்களுக்கு ஓதிவைத்து முன்னேறிச் செல்லும்படிச் செய்யவோ, அல்லது மற்றவர்களுக்குச் சகாயமாக விருக்கவோ அனுகூலமாக விருக்கவேண்டும். இதற்கு தாய் பாஷையே மிகவும் அனுகூலமானது. எல்லா சாஸ்திரங்களையும், ஒருவன் தன் தாய் பாஷையில் படிப்பதென்றால் அதைவிட பாக்கியம் அவனுக்கு வேறுவேண்டுமோ?

கேள்வி 7.—(a) அவ்விதமிருக்க வேண்டியது நியாயமே. தற்காலம் நம்முடைய கெட்ட காலத்தினால் நம்முடைய ஆயுள் வேதமானது கல்லாதவர்களிடமே அகப்பட்டுக் கொண்டிருக்கிறது. ஆயுள்வேதம் இவ்வுலகினில்லாமல் அழிந்துபோய், அதுவிருந்த விடத்தில் புல்லும் முளைத்துவிட்டிராதபடி, காத்தும், எல்லாவகை தூற்றலுக்கும் போட்டிக்கும் ஈடுகொடுத்து, இரட்சித்தும் வந்ததற்காக, நாம் அவ்வைத்தியர்களுக்கு மனப்பூர்வகமாக வந்தனஞ் செலுத்தக்கடமைப்பட்டிருந்தாலும் அவர்களால் பல கெடுதிகளும் உண்டாய் விடுகின்றனவென்று ஒப்புக்கொள்ளவேண்டியதே. அத்தகையினர்களை யொன்று படுத்தி, அவர்களெல்லாம் ஒரு நிபந்தனைக்கு உட்பட்டு கொஞ்சம் ஜாக்கிரதையாகவே நடக்கும்படிச் செய்யவேண்டியது நியாயமே. அப்படிச் செய்வதனால் இவர்களுக்கு ஒரு மதிப்புண்டாவதுடன் இவர்களிடம் பொது ஜனங்களுக்கும் மதிப்புண்டாகுமென்பது திண்ணம். ஆயுள் வேதியர்கள் தங்களில் ஒற்றுமையின்றி தற்காலம் சின்னாப்பின்னப்பட்டு மிருக்கிறார்கள். இத்தகைய ஏற்பாட்டினால் அவர்களெல்லாம் ஒன்றுபட்டு, அவர்களில் ஒற்றுமையும் ஏற்படும். ஆனால், இவ்வித சங்க மேற்படுத்தி, அதில் ஆயுள் வேதியர்கள் பதிவு செய்துகொள்ளவேண்டுமென்றும், இல்லையானால் அவர்கள் வைத்தியஞ் செய்யக்கூடாதென்றும் சட்டங்களை பிறப்பித்து விடக்கூடாது. ஏனெனில், ஆங்கில வைத்தியமென்றும், ஆஸ்பத்திரியென்றும் தெரிந்துகொள்ளாத அநேக லட்சம் கிராமவாசிகளுக்கு இவ்வாயுள் வேதியர்களே இரவிலும் பகலிலும், கூப்பிட்டக் குரலுக்குச் சென்று பரிகரிக்கிறார்கள். ஆகையினால், அத்தகையக் கட்டளைப்பிறந்தால் அதனால் பாதிக்கப்படுபவர்கள். ஆயுள் வேதியர்களாகிய சிறு தொகையினர்களானாலும் அதிகமாக பாதிக்கப்படுபவர்கள் அதிக தொகையினர்களாகிய பொதுமக்களேயாவார்கள் என்பதை கவனிக்கவேண்டும். "Something is better than nothing" என்றபடி ஒன்றுமில்லாமற்போவதைக் காட்டிலும், ஏதோ சகாயம் நடந்துக்கொண்டிருப்பது மேலல்லவா?

(b) இந்த ஏற்பாட்டினால் கற்றவர்களாகிய ஆயுள் வேதியர்களையும், அரிய சாஸ்திரமாகிய ஆயுள் வேதத்தையும் அவமானஞ் செய்தபடியாகின்றது. ஆங்கில வைத்தியர்கள், சர்வஞான சம்பன்னர்களும், சாஸ்திரயுக்தமற்ற காரியங்கள் செய்யத்தெரியாதவர்களாகவும், அபாயமான காரியங்கள் செய்யத்தெரியாதவர்களாகவுமிருக்கும்போது, அவர்களுக்கு அத்தகைய சங்கமேன்? கட்டுப்பாடேன்? என்ற கேள்விக்கு அவர்களின் செல்வாக்கும், சுயநலப்பிரியமு மாகுமேயன்றி மற்ற சமாதானங்களேற்படாதுகள். உலகத்தார்களுக்கு அவர்கள் தான் வைத்தியர்களென்றும், அவர்கள் அவலம்பிப்பதே வைத்தியமென்றும் மற்றவர்கள் அல்லரென்றும், மற்றது அல்லவென்றும் காட்டுவதற்கேயாகும். ஒருவன் ஆஸ்பத்திரிக்குப்போக இஷ்டப்படாமல் என்னிடம் சிகிச்சைக்காக மருந்து சாப்பிட்டு சுகமுற்று, தான் உத்தியோகசாலைக்குப்போக தவக்கப்பட்டதினால், அதற்காக என்னிடம் ஒரு பத்திரத்தைப்பெற்று தன்னுடைய தலைமை உத்தியோகஸ்தருக்குக்காட்ட அவர் அதை ஏற்றுக்கொள்ள மறுத்ததும், சிலர் அப்பேர்பட்டவைகளை ஒப்புக்கொண்டதும் என் அநுபவமாகவிருக்கின்றது. மைசூர் கவர்ன்மென்டார், ஆயுள் வேதியர்களின் நற்சாட்சி பத்திரங்களை ஏற்றுக்கொள்ளுகிறார்கள். நம்முடைய கவர்ன்மென்டில் நம்மைப்பிடித்துத் தள்ளுகிறார்கள். அவர்களுக்குக் கொடுக்கவேண்டிய 5, 10 அல்லது 15 ரூபாய்களைக் கொடுத்துவிட்டால் சுகஜீவியாக விருக்கும் ஒருவனுக்கு உலகத்திலில்லாத வியாதிகளெல்லாம் வந்து விடுகின்றன. எவனுக்கு எவ்விடமிஷ்டமோ அவ்விடம் வைத்தியஞ் செய்துக்கொண்டு சுகமடையும்படி மற்றவர்கள் ஏன் விடுவதில்லை. ஆயுள் வேதியர்கள் நெறிதப்பிய வழிகளில் பிரவேசிப்பார்களென்பதா? ஆங்கில வைத்தியர்கள் அப்படி நடப்பதில்லையென்பது கோட்பாடோ? அவர்களையே வைத்தியத்திற்கு சர்வாதிகாரிகளாக விட்டிருப்பது ஒருபோதும் நியாயமாகாது. இங்கிலாந்திலும் அமெரிக்காவிலும், அப்படிச் செய்யலாம். ஏனெனில், அவ்விடமிருப்பது ஒரே வைத்தியம். நமது தேசத்தில் நம்முடைய தேசீய வைத்தியமும் இருக்கின்றதல்லவா? சக்கரவர்த்தியார் இருக்கும் நாட்டில் குறுநிலமன்னர்களும் இருப்பதைப்போல் பெரியோர்களாகிய அவர்கள் நடமாடும் நாட்டில் நாங்களும் நடமாடி, அவர்கள் ஆயிரமாயிரமாக சம்பாதித்தால் நாங்கள் பத்து பத்தாக சம்பாதிப்பதற்கும், அவர்கள் பெரிய பெரிய காரியங்களைச் செய்தால் நாங்கள் சின்னசின்ன காரியங்களைச் செய்யும்படியும், அவர்கள் பெரிய பெரிய மனிதர்களுக்கு நற்சாட்சி பத்திரங்களைக் கொடுத்தால், நாங்கள் சின்ன சின்ன மனிதர்களுக்குக் கொடுக்கும்படிக்கல்லவோ விட்டிருக்கவேண்டும். அதைத்தள்ளி, தேசத்தின் மூலாதாரத்தை மூலையில் தள்ளி, அதன் விர்த்திக்கு முட்டுக்கட்டை போட்டதுபோல, தேசீய வைத்தியர்களாகிய எங்களைத் தள்ளி எங்கள் விர்த்திக்கும் பின்னஞ் செய்திருப்பது மனவருத்தத்தை கொடுப்பதாகவேயிருக்கின்றது.

கேள்வி 8. ஆயுள்வேத சித்தாந்தப்படி செய்யப்பட்ட மருந்துகள் ஆங்கில முறைப்படி செய்யப்பட்டவைகளைக்காட்டிலும் மிகவும் மலிவானவைகளென்பதற்கு யாதும் சந்தேகமேயில்லை. நமது நாட்டில் விளையும் சுக்கானது இரண்டணாவுக்கு வாங்கப்பட்டு, கடல் தாண்டிப்போய் அவ்விடம் இயற்கை ரூபத்தை மாற்றிக்கொண்டு, அலங்காரமான ஒரு குப்பியில் அடைக்கப்பட்டு, பலவர்ண காகிதங்களை போர்த்துக்கொண்டு, மறுபடியும் கடலதாண்டி நம்மிடையில் வந்து, நமக்குத் தெரியாததோர் பெயர் புனைந்து, குப்பியொன்றுக்கு ரூ. 4, 5 ஆக விற்கப்படுகின்றதை நாம் காண்கிறோம். அது எத்தனை தடவைக் கடலைத்தாண்டினாலும், எத்தனை வகை குப்பிகளில் அடைக்கப்பட்டாலும், எவ்வளவு

வர்ண காகிதங்களை தாங்கினாலும், எத்தகைய பெயரை புனைந்தாலும், அது நமது அன்புள்ள சுக்கு சுக்காகவேயிருக்கிறது. அது இவ்விதம் பலதடவைகளில் கடல் தாண்டுவதனால் அதன் குணத்தில் அதிகப்படுமோ அல்லது அதற்கு அதிதேவதையாகிய பிரமதேவனை விட்டு மற்ற தேவர்களைக்கொள்ளுமோ அவ்விதம் அது போய்வந்ததினாலும் அவ்விடமிருந்ததினாலும், பழமைபட்டு அதன் குணத்திலும் வீரியத்திலும் குறைவுபடுமேயன்றி வேறில்லை. இவ்விதம் அது கடல் தாண்டுவதற்கான செலவென்ன? அதை பக்குவஞ் செய்யும் கம்பெனியாரின் லாபமென்ன? இவ்விடம் நமக்கு விற்கும் கடைக்காரர்களின் லாபமென்ன? அதை பிணியாளிகளுக்கு வரவழைத்துக்கொடுக்கும வைத்தியர்களின் "டிஸ்கௌண்ட்" என்ன? இவைகளெலலாம் யார் தலையின்மேல் ஏறுவது. ஏழை பிணியாளிகளின்மேலல்லவா? இவ்விதமே ஒவ்வொரு சரக்குக்கும் வர்ணனை கொடுக்கலாம். நம்முடைய ஆயுள்வேத வைத்திய மருந்துகளோ அப்படி இல்லை. அவைகளுக்காக நாம் கடல் தாண்டிபோகவேண்டிய அவசியமில்லை. நம்முடைய ஆயுள்வேத வைத்திய வாகடத்திய எல்லா மருந்துகளும் மூலிகைகளினாலேயே செய்யும்படி சொல்லப்பட்டிருக்கின்றன. அவைகளை நாம் நன்றாகத் தெரிந்துகொள்ளாத குறையேயன்றி, சாஸ்திரக்குறைவு ஒன்றுமில்லை. இரஸ பாஷாணாதிகளையும் நாம் கண்டடையவும் சிலதைச் செய்யவும், அனுகூலமாக, "சரக்கு வைப்புகளும்" சாதனங்களும் ஏற்பட்டிருக்கின்றனவன்றோ? அதனாலேயே பிறவி பாஷாணங்கள் 32 ஆகவும், அவைகளில்லாத சமயம்—வைப்பு பாஷாணங்கள் 32 மாக நம்முடைய சாஸ்திரிகள் சொல்லி இருக்கிறார்கள். மூலிகைகளோ நம்முடைய புறக்கடையில் உண்டாகுபவைகளாகவிருக்கின்றன. அவைகளை நாம் அலட்சியமாகத் தள்ளிவிடுவதனாலேயே, அதிக கஷ்டத்திற்கும் நஷ்டத்திற்கும் ஆளாகவேண்டியிருக்கின்றது. மேலும் அன்னிய மருந்துகள் கிராக்கிக்குத் தக்கபடி, விலையில் ஏறவும், இறங்கவுமாகவிருக்கின்றனவென்பது எலலாருக்குந் தெரியும். போன இன்புளுவென்ஸா என்னும் சுரம் வந்த காலத்தில், சமயத்திற்குத் தக்கபடி. Antiphilogistine என்னும் மருந்தும், Liq. Peptonoids, Manola, Essence of chicken என்பவைகள் தங்களுக்குள்ள இயற்கை விலையில் 15, 20 மடங்குகள் அதிகப்பட விற்றது என் அனுபவம். இதெல்லாம், நாம் இளைக்கவும், மற்றவர்கள் பெருகவும் ஏற்பட்ட சூட்சிகளென்றே அறிவுள்ளோர்கள் நினைக்கிறார்கள். இயற்கை பொருள் நம்மிடம் ஏராளமாகவிருக்க, செயற்கைபொருள்களுக்காக, அயல்நாட்டை நம்பி இருப்பது நமக்கு அவமானமாகவே இருக்கின்றது. இத்தகைய ஏற்றத்தாழ்வுகள் நம்முடைய மருந்துகளுக்கில்லை. 50 பேர் பிணியாளிகளுக்குக் கொடுக்கக்கூடிய சுதர்ஸண சுரமாத்திரை வெகு சுலபத்தில் முடியும். எல்லாவகை வயிற்றுநோயையும் அப்பொழுதே தீர்க்கும். சுதர்ஸண லவணம் வெகு சுலபத்தில் முடியும். சாப்பிட்டவுடன் எல்லாவகை மந்தம், பேதி, புளியேப்பம் முதலானவைகளைத் தீர்க்கும். சுதர்ஸன போஜனகுடாரி மாத்திரை அணு கணக்கில் முடியும். எல்லாவகை பேதியையும் கட்டக்கூடிய கற்பூராதி மாத்திரை அணு கணக்கில் முடியும். இவ்விதமே அநேக கோடி மருந்துகள் நம்முடைய ஆயுள்வேதத்திலுண்டு. தான் செய்யும் மருந்தில் அதை சேர்த்தேன் இதை சேர்த்தேன் என்று தனக்குக் காசு அதிகமாகக் கிடைக்கும்படி வைத்தியன் பித்தலாட்டஞ் செய்தாலொழிய, உண்மையில் நம்முடைய மருந்தில் பித்தலாட்டம் இல்லை. ஐந்து ரூபா விலையுள்ள ஒரு மருந்தை 1 புட்டி சாப்பிட்டவுடன் இன்னின்ன நல்ல குணங்கள் உண்டாய்விடுமென்று விலாசத்தில் சொல்லி, அதை ஆவலுடன் வாங்கி பிரித்தவுடன், அவ்வியாதி தீரவேண்டுமானால் 6 புட்டிகள் முதல் 9 புட்டிகள் வரையில் சாப்பிடவேண்டுமென்று ரெட்டிபட்டு சாமியை நினைத்து இந்த விபூதியை உட்கொண்டால் உனக்குண்டாயிருக்கும் வியாதி ஒரு மணியில், ஒரு நாளில், ஒரு வாரத்தில், ஒரு பட்சத்தில், ஒரு வருடத்தில் அல்லது ஒரு யுகத்தில் தீருமென்று சொன்னவண்ணமிருந்தால், அந்த மருந்தின் சகாயம் நன்றாகவிருக்கிறதல்லவா? ஆந்திர ஆயுள்வேத ஔஷதசாலை, Zandu ஔஷதசாலை முதலானவைகளைப்போல் பல பெரிய ஔஷதசாலைகள் ஏற்பட்டு, நம்முடைய ஆயுள்வேத வைத்திய ஔஷதங்களை பெருவாரியாகச்செய்து விற்பதென்று நிர்ணயித்துவிட்டால், தற்காலம் ஒரு தோலா 30, 35 ரூபாய்களாகவிற்கும் "சித்தமகரத்துவஜம்" 1, 2 ரூபாய்களுக்குக் கிடைத்து மக்கள் சுகமுறுவார்கள். அப்படியுண்டாக ஆண்டவன் அருள்புரிவானாகவும்.

கேள்வி 9.—நம்முடைய ஆயுள்வேத வைத்தியம் சீரற்றதற்குக் காரணம்: அரசாங்கத்தாரின் ஆதரவில்லாமையும், அதனால் அன்னிய வைத்தியத்தின் போட்டியுமேயாகும். எது எவ்விதமிருந்தாலும், அரசாங்கத்தின் ஆதரவுமாத்திரம் இருந்திருக்குமேயானால், தேசிய வைத்தியம் இத்தகைய நிலைமைக்கு வந்திராது. ஆயுள்வேதம் ஒரு உண்மையானதும், தேவ அனுக்கிரகம் பெற்றதாகையினால், அன்னிய போட்டி அதிகமாகவிருந்தும், அழியாமலும், எங்தெந்த விதத்தில் அதை அடக்கலாமென்று ஆத்திரங்கொண்டு அடக்கியும், அது ஒரு பக்கத்தில் இல்லாவிட்டாலும் மறுபக்கத்தில் செழித்தும், வளர்ந்தோங்கிவருகின்றது. அதன் ஆணிவேர், அதல, சுதல பாதாளத்தில் இறங்கிவிட்டதென்றும், அது எத்தகைய காற்று மழைக்கும் அசையாதென்றும் சொல்லவேண்டியதே. அதன்மேல் பழி சுமத்துவதெல்லாம், 'தான் வாழ பிறர் சாக' வென்பதேயல்லாமல் வேறல்ல. இளைத்தவன் இரும்பை சாப்பிடவேண்டு'மென்றும், 'வெளுத்தவன் கரிசலாங்கண்ணியை சாப்பிடலா'மென்றும், நிலவேம்பு சுரத்தை தீர்க்குமென்றும், சுக்கு தீபனகாரியென்றும், முடக்கறுத்தான் வாத ஹரகாரியென்றும், மதுபலம் வமனகாரி என்றும் ஆராய்ச்சி செய்திருந்தா

லல்லாமல் தெரிந்திருக்குமா? ஆராய்ச்சி செய்தாலல்லாமல், ஒரு வஸ்துவின் குணகுணங் கள் (Properties) எப்படி தெரியவரும். சுக்கை அறைத்துப் பிழிந்து அதில், இதையும் அதையும் விட்டுப்பார்த்து கடைசியில் அதில் "சுக்கரையின்" என்ற வஸ்துவிருப்பதாக சொல்லிவிட்டால் அது ஆராய்ச்சியும் சாஸ்திரோக்தமாம். அப்படிக்கில்லாவிட்டால் சாஸ்திரோக்தமாகாதாம். ஆங்கில வைத்தியர்கள், Drs. Wood, Gross, Smith, Makkenzie, Grey, Leopland, Hadson, Ashmad, Clemens, Frampton, Readvan, Dobell, Baylis, Lee, Vas, Brandice, Tanner, Lever, Nelegan, Husband, Tilt, Gregory, Rungers, Read, Hooper முதலான எண்ணிறந்த மகான்களின் வழிகளைப் பின்பற்றி எப்படி தங்களுடைய முறைகளை நடத்துகிறார்களோ, அப்படியே நாமும் தன்வந்திரி, சரகர், சுஸ்ருதர், வாக்படர், சாரங்கதரர், அகஸ்தியர், புலஸ்தியர், தேரையர், புலிப் பாணி, தக்ஷிணாமூர்த்தி, வீரமாமுனிவர், போகர், நந்தி, தர்மசௌமியர், கொங்கணர், சட்டைமுனிவர், ராமதேவர், மச்சமுனிவர், கமலமுனிவர், ரோமரிஷி, கருவூரார், கோரக் கர், இடைக்காட்டார், சுந்தரானந்தர், பாம்பாட்டிசித்தர், அகப்பேய்ச்சித்தர், ஏற்றச்சித் தர் முதலிய பல மகான்களின் காலடியை பின்பற்றி நடக்கிறவர்களாகவே இருக்கிறோம். இதனால் இதற்கு இழிவுண்டாய்விடுகிறதா? "காட்டில் புதர்களின் இருபக்கங்களையும் அடித்துத்தள்ளி, அவற்றை மிதித்துத்துவைத்து மதங்கொண்ட யானைகள் உண்டாக்கிய வழிகளில் குட்டியானைகள் நடப்பதும் கஷ்டமாகவிருப்பதைப்போல்" நம்முடைய பெரி யோர்கள் நமக்காக சரிப்படுத்திவைத்திருக்கும் சாஸ்திரங்களை நாம் தொடவும், படிக்கவும், அதன்படி நடக்கவும் வெட்கப்படுவதனாலேயே, நாம் இக்கதிக்கு ஆளானோம் என்பதற்குச் சந்தேகமில்லை. பூர்வத்திலிருந்த மகோன்னத நிலைமையிலிருந்து தற்காலம் மிகக் கேவல நிலைமையை அடைந்திருக்கும், நம்முடைய வைத்தியத்தை, புனருத்தாரணஞ்செய்ய, நாம் நினைத்தால், முதலாவது அதை கவர்ன்மெண்டார், அதை ஒப்புக்கொள்ளும்படிச் செய்யவேண்டும். (2) அங்கங்குள்ள வைத்தியர்களை தெரிந்தெடுத்து, அவர்களுக்கு உச் சாகமுண்டாக்கி சன்மானிக்கவேண்டும். (3) பெரிய பட்டணங்களிலும் கிராமங்களிலும் வேண்டியபடி வைத்தியசாலைகளை ஏற்படுத்தவேண்டும். (4) சென்னை இராஜதானியில் நான்கு இடங்களில் நான்கு திராவிட பாஷைகளிலும், ஒன்றை சமஸ்கிரதத்திலும் போதிக் கும்படி கல்லூரிகளை ஏற்படுத்தவேண்டும். அவைகளில் தக்க ஆசான்களை ஏற்படுத்தி, மாணாக்கர்களை பழக்கவேண்டும். (5) தகுந்தவர்களைக்கொண்டு கிராமாந்திரங்களில் ஆயுள்வேதத்தைப்பற்றியும் ஆச்சார ஒழுக்கங்களைப்பற்றியும் கிராம வாசிகளுக்கு போதிக் கும்படிச் செய்யவேண்டும். (6) மாகாண பாஷைகளல்லாத மற்ற பாஷைகளிலுள்ள வைத்திய கிரந்தங்கள் மாகாண பாஷைகளில் மொழிபெயர்க்கவேண்டும். (7) சென்னையில் ஒரு இரஸாயன சாலையும் அதை சார்ந்தபடி ஒரு மூலிகை தோட்டத்தையும் உண்டாக்கி, ஆயுள்வேத மருந்துகளை பெருவாரியாகச் செய்யும்படி ஏற்பாடு செய்யவேண்டும். அன் னிய பாஷைகளிலுள்ள வைத்திய கிரந்தங்களுள்பட ஆயுள்வேத வைத்திய வாசகச் சாலை யை ஏற்படுத்தவேண்டும்.

கேள்வி 10.—ஆயுள்வேதத்தின்மேலே அருவெருப்புண்டாகி இருக்கும், நவீன நாகரீகி கள் நிறைந்த இக்காலத்தில் ஆயுள்வேத வைத்தியத்தை ஆதரிக்க, கவர்ன்மெண்டாரே கங் கணங்கட்டிக்கொண்டாலன்றி லோகல் போர்டுகளாலும், யூனிவர்ஸிடியார்களாலும், பிரத் தியேக பேர்வழிகளினாலும், அதை முன்னேறச் செய்யமுடியாது. கவர்ன்மெண்டாரின் ஆதரவும், அனுசரணையுமின்றி போர்டாரிடம் ஒப்புவித்தால் 10 நூற்றாண்டானாலும் ஆயுள்வேத வைத்தியம் விர்த்தியுறாது. அவர்கள் அத்தகைய ஸ்தாபனங்களுக்கு உதவி செய்ய முன்பின் பார்ப்பார்கள். சென்னை ஆயுள்வேத வைத்திய கலாசாலையும் கலவல கண்ணன் செட்டியாரின் தர்ம வைத்திய சாலையும் படும்பாட்டையும், சென்னை கார்பொ ரேஷனார் பண உதவிச்செய்ய மறுப்பதும், நம் முன் நிற்கின்றன. அத்தகைய செயல்கள் நல்ல சமயத்தில் ஏறவிட்டு ஏணியை வாங்குவதைப்போல மோசம் நேர்ந்துவிடும். மாணாக்கர்களுக்கும், அதின்மேல் அபிமானமில்லாமையினால், யூனிவர்ஸிடியில இதை சேர்ப்பதனால், இதை படித்தால் பின்காலத்தில் எப்படியிருக்குமோவென்று இதை யாரும் சட்டைபண்ணமாட்டார்கள். ஆங்கில வைத்தியத்தை, தக்க நிபுணர்களைக்கொண்டு போதித்துவந்தும், அதை கவர்ன்மெண்டார் ஆதரிக்காமையினால் "Calcutta National Medical College" பட்ட பாட்டை யார் மறந்துவிடுகிறார்கள். பிரத்தியேக நபர்களினால் நடத்தப்படும் வைத்திய சாலைகள் கொஞ்ச நாள் சுக்கிரதசையோடு நடந்து, பிறகு ஜாதி சண்டையாலும், சமய சண்டையினாலும், நடக்காமல் நின்றுவிடலாம். இதனால் ஏழை களுக்கு நடக்கும் ஒரு தர்ம விஷயத்திற்கு நாசமுண்டாகிவிடும். ஆகையால பொது மக்க ளுக்கு தங்கள் ஜாதீய வைத்தியத்தின்மேல் முதல் முதலில் அபிலாசையுண்டாகும்படிச் செய்யும் வழிகளைத் தேடவேண்டியது. பிறகு யூனிவர்ஸிடியாரால் ஏற்றுக்கொண்டு, பாடங்களை ஏற்படுத்தி, ஆங்கில முறைப்படி செய்யவேண்டியது. இவ்விதம் வேண்டிய வைத்தியர்கள் தேசத்தில் தோன்றிய பிறகும் எல்லாருக்கும் இதன்மேல் அபிமானமுண் டானபிறகும் இதை லோகல் போர்டாரிடமும், தனிப்பட்ட நபர்களினிடமும் ஒப்புவிக்க லாம். இவ்விதம் இது நன்றாக விர்த்தியடைந்து சரத்கால சந்திரனைப்போல பிரகாசிக்கும் காலத்தில், இதை யாரும் வைத்தும், நடத்தியும் வரலாம். அதுவரையில் நம்முடைய காருண்ணிய கவர்ன்மெண்டாரே, இதன் பொறுப்பை ஏற்று நடத்தவேண்டியது, அவர் களின் கடமையிலும் கடமையாகுமென்பதை மிகவும தாழ்மையாகவும், வினயமாகவும் தெரிவித்துக்கொள்ளும் தங்கள் ஊழியன்.

(9)

M.R.Ry. Vaidyapathi S. PALVANNAM MUDALIYAR Avargal.

கேள்வி 1.—நான் கையாடும் வைத்தியமுறை சித்தர் தமிழ் வைத்திய முறைதான்.

கேள்வி 2.—(a) வியாதிகள் வருவதற்குக் காரணங்கள்—அமிர்தசக்தியின் குறைவு, ஆசைமிகுதி, சூடு, குளிர்ச்சி, ஜலம், காற்று, பயம், அபக்குவ உணவு, கோபம், சிற்றின்பம், துயரம், ஊண் மிகுதல், ஊண் குறைதல், ஆங்கார மிகுதி முதலியவைகளாம்.

ஆதிகாரணமாய் நின்று, இவைகளை ஏவுவது கன்மம் (செயல்) என்பது.

(b) ரோகநிதானம்—

(1) நாடியின் நடையினாலும்
(2) அறுவகைச் சுவைகளாலும்
(3) முகத்தைப் பார்ப்பதாலும்
(4) மலத்தின் நிறத்தினாலும்
(5) நீரின் குறியினாலும்
(6) கண்களின் நிறத்தினாலும்
(7) நாக்கின் நிறத்தினாலும்
(8) சரீர நிலையினாலும்
(9) பற்களின் நிறத்தினாலும்
(10) உதட்டின் நிறத்தினாலும்
(11) பேச்சொலியினாலும்
(12) தேகத்தைப் பரிசிப்பதினாலும்
(13) மெய்ப்பரீக்ஷை செய்வதினாலும

இவைபோன்ற பிறவற்றாலும் ரோக நிதானஞ் செய்தல்கூடும். என்னால் குணப்படுத்தியவற்றிற்கு நற்சாக்ஷிப் பத்திரங்களை இத்துடன் சேர்த்துள்ளேன். மருந்து ஜாப்தா ஒன்றும் அனுப்பியுள்ளேன்.

(c) சுதேச சிகிச்சை முறைகள் மற்ற முறைகளைப் பார்க்கிலும் அதிக பிரயோஜனமுள்ளவைகள்தான்.

வயிற்றினுள் செத்துக்கிடக்கின்ற பிள்ளையைத் தமிழ் முறையிற் சொல்லிய அரையணு மருந்தால் வெளிப்படுத்தலாம்.

நீங்குதற்கருமையாகிய குட்டம், குறைநோவு, குன்மம், நீரழிவு, முதலிய பிரபல வியாதிகளை, யாவரும் ஆச்சரியப்படத்தக்க விதமாய 20 தினங்களுள் ரச, கந்தக, பாஷாண, லோக பஸ்ப, செந்தூரங்களைக்கொண்டு முற்றிலும் நீக்கிவிடலாம்.

கபக்காய்ச்சலை 10 பொழுது லிங்க செந்தூரத்தாற் பறக்கடிக்கலாம்.

பாம்புகடி, நாய்கடி முதலிய விஷங்களைச் சொற்ப மருந்தாலும், பச்சிலைப் பிரயோகத்தாலும், நிவிர்த்திசெய்துவிடலாம்.

அபானத்தின் வழியாய்ப் பாயும் இரத்தத்தை எள்ளும் வெண்ணெய்யுஞ் சேர்ந்த மருந்தில் இரண்டுபொழுதுக்குள் நிறுத்திவிடலாம்.

கொடிய க்ஷயம் முதலிய வியாதிகளையும், எலிகடி முதலிய விஷங்களையும் தாளக செந்தூரம் ஒருமுறை பிரயோகிப்பதனால் ஒழித்துவிடலாம்.

ஊழியென்ற கால்ராவை அதற்கென்று செய்து வைத்திருக்கிற மாத்திரைகளில் ஒன்றால் ஒழித்துவிடலாம்.

மூலமுளை, பௌத்திரங்களை, ஓர் பச்சிலையின் சூரணத்தால் திரும்பிவரவொட்டாமல் தீர்த்துவிடலாம்.

சத்திரம் செய்தாலொழியத் தீராதென்ற நீரண்ட முதலிய வியாதிகளை அண்டரோக நிவாரணி மாத்திரையை பதினொரு பொழுது பிரயோகிப்பதால் நிவிர்த்தி செய்துவிடலாம்.

நீங்காத வாதரோகத்தைப் பத்துப்பொழுது ரஸபஸ்பம் கொடுத்தலால் வாட்டி ஓட்டலாம்.

இன்னும் இவைகளைப் போன்ற பிரபல வியாதிகளைச் சொற்பச் செலவில் நீக்கிவிடலாம்.

மேலே கூறிய வியாதிகளுக்குக் கொடுக்கக்கூடிய மருந்துகள் அரை ரூபாய்க்குமேல் மூன்று ரூபாய்க்குள் அடங்கத்தக்கவைகள்தான். மற்ற முறைகளில் இவ்வளவு சுலபமாய் முடியுமென்று தோன்றவில்லை. ஆதலால், இம்மருந்துகள் மிகப் பிரயோஜனமுள்ளவைகளென்று காட்டலாயிற்று.

கேள்வி 3.—(a) குகவைத்திய சாலையென்று நான் ஒரு வைத்தியசாலை வைத்து ஜனங்களுக்குச் சுலபமான செலவில் அல்லது இனாமாகத் தமிழ் வைத்தியம் செய்துவருகிறேனே தவிர, வேறு ஸ்தாபனங்களில் யான் சேரவில்லை. அப்படிச் சரியான ஸ்தாபனங்கள் ஏற்பட்டு இருப்பதாயும் இங்கு தெரியவில்லை.

(b) (1) பரம்பரை வைத்தியர்கள் பலர், பற்பல மாணாக்கர்களுக்கு வைத்தியம் கற்றுக்கொடுத்து அவர்களைக் கொண்டு வைத்தியம் செய்யும்படி ஏற்பாடு செய்திருக்கிறார்கள்.

(2) அவைகள் வைத்தியக்கல்வி கற்பதற்குத் தகுதியான இடங்களாயிருந்தாலும் விஸ்தாரமாக நடத்த முடியவில்லை. தனிப் பள்ளிக்கூடங்களாய் ஏற்படுத்தி, முறையான பாடங்கள் வைத்து நடத்தினாலொழியத் திருத்தமிராது.

(c) சுதேச முறையின்படி சிகிச்சை செய்வதற்கும், கல்வி கற்பிப்பதற்கும் தகுந்த ஏற்பாடு செய்யவில்லை. அந்தக் குறைவை நீக்குதற்கு—

(1) படிப்படியாய்ப் பாடபுத்தகங்கள் எழுதி வெளியிடல்,

(2) பல பள்ளிக்கூடங்களமைத்தல்,

(3) தகுந்த உபாத்தியாயரைக் கொண்டு கற்பித்தல்,

(4) வருஷத்தில் ஒருமுறையேனும், இருமுறையேனும் பரீக்ஷை வைத்தல், தேறினவர்களுக்கு நற்சாக்ஷிப் பத்திரமளித்தல்,

(5) பற்பல இடங்களுக்கு அவர்களை வைத்தியம்செய்ய அனுப்புதல்,

(6) வாரந்தோறும் வைத்தியசம்பந்தமான தமிழ்ப் பத்திரிகை யொன்று வெளியிடல்,

(7) புதிதாய் ஒன்று கண்டுபிடித்து அநுபவத்துக்குக் கொண்டுவந்தவர்களுக்குத் தகுந்தவாறு பரிசளித்தல்,

(8) தற்காலத்திலுள்ள சாத்திரச்சுவடிகளையெல்லாம் ஒன்றுசேர்த்து ஆங்காங்கு புஸ்தகசாலை யமைத்தல்,

(9) பிறநாட்டு வைத்திய நிபுணர்களோடு கலந்துகொள்ளும்படி செய்தல்,

(10) வைத்திய முறைமையின் தாரதம்மியங்களை ஆங்காங்கு சென்று கண்டறியச் செய்தல்,

(11) வைத்தியத்துக்கு வேண்டிய பச்சிலைச் செடிகள், கொடிகள், மரங்கள் வளரக்கூடிய தோட்டங்களமைத்தல்,

(12) ஆங்காங்கு மருந்துகள் செய்யும் பல இடங்களமைத்து அவைகளினின்றும் பல இடங்களுக்கு மருந்து அனுப்பச் செய்தல்,

(13) மருந்து செய்வதற்குரிய கருவிகள் அமைத்துக் கொடுத்தல்,

(14) ஒவ்வொரு ஊரிலும் மருந்துக்கடைகளமைத்தல்,

(15) அக்கடைகளில் தகுந்த வைத்தியர்களை மேல்பார்க்க வைத்து நோயாளிகளுக்குச் சிகிச்சை செய்யச் செய்தல்
இவைபோன்ற பிறவுமாம்.

கேள்வி 4.—(a) சுதேச வைத்தியமுறையே பூரணமாய்ப் பயிற்சிக்கும்படி செய்வது மிக அவசியந்தான்.

(1) மாணுக்கர்களை, நிபுணத்துவமும் கீர்த்தியும் வாய்ந்த உபாத்தியாயர்களின் மேல் விசாரணையில் விட்டுவைக்க வேண்டியது அவசியந்தான்.

(2) சரியான முஸ்தீதுகள் ஏற்படுத்தப்பட்டிருக்கும் ஆஸ்பத்திரிகளுக்கும், ரசாயனப் பயிற்சிசாலைகளுக்கும், புத்தகசாலைகளுக்கும், பொருட்காக்ஷிசாலைகளுக்கும், உபாத்தியாயர்களோடு மாணுக்கர்கள் போக வேண்டியதும் அவசியந்தான்.

(3) உபாத்தியாயர்கள் சொந்தமாய் ஆராய்ச்சி செய்வதற்குப் போதுமான அவகாசம் கொடுக்கவேண்டியதும் அவசியந்தானென்று நான் எண்ணுகிறேன்.

மேற்கூறிய லக்ஷியங்கள் பங்காள ராஜதானியில் நடத்தப்பட்டுக் கைகூடும்படியான ஸ்திதியில் இருக்கின்றன வென்று தெரிந்துகொண்டிருக்கிறேன்.

(b) இந்த லக்ஷியம் மிதமிஞ்சி உயர்வா யிருப்பதென்று தற்காலத்தில் தோன்றினாலும் நாளடைவில் கைக்கூடுமென்பது திண்ணம்.

(1) சுதேச வைத்தியக் கல்வி கற்பிக்கச்செய்து கற்றதை யநுபோகத்திற் கொண்டுவரச் செய்தாற் போதும்.

(2) சுதேச வைத்தியர்களின் படிப்பையும் தொகையையும் அதிகரிக்கும்படியாயும், நூல்களைத் தற்கால முறையில் எழுதும்படியாகவும் ஏவவேண்டுவதும் ஏற்பாடு செய்யவேண்டுவதும் மிக முக்கியமான வேலையென்று உத்தேசிக்கிறேன்.

கேள்வி 5.—நவீன சாத்திர முறைகளென்பதொன்றில்லை. எல்லாம் முன்னுள்ள முறைகளே. முன்னுள்ள முறைகளென்று அறிந்துகொள்ளாத காரணத்தால் அவை நவீன முறைகளாயின. முன்னுள்ள முறைகள்தானென்று அறிந்துகொள்ளக் கூடிய நன்மையைத்தரும், இங்குள்ள முறைகளைப் பிறநாட்டு வைத்தியாப்பியாசிகள் தெரிந்துகொண்டபின் அதிற் சில திருத்தங்கள் செய்துகொண்டது போலச் செய்து தங்கள் வைத்திய முறைதானென்று சொல்லிப் பின் கையாண்டு கொள்வார்களென்பதில் யாதொரு சந்தேகமுமில்லை. முறைதெரிந்து நடத்தக் கூடாதவர்கள் தங்களுக்குப் பயன்படாத விஷயங்களைக் காலக்கிரமத்தில் விலக்கவேண்டியது அவசியந்தான் என்பதற்குச் சந்தேகமில்லை. பிறநாட்டு வைத்தியமுறை பிறநாட்டு வைத்திய முறைதான்; இந்நாட்டு வைத்தியமுறை இந்நாட்டு வைத்திய முறைதான். பிறநாட்டு மருந்துகள் காரமில்லா மருந்துகள். சுதேச மருந்துகள் மிகக் காரமுள்ள மருந்துகள். இருநாட்டிலும் செய்முறைகளும், குணபாகங்களும் வெவ்வேறாயிருக்கும், இரண்டு முறைகளுக்குள்ள சம்பந்தங்களை ஒற்றுமைப் படுத்தி,

அப்போதைக்கப்போது எழுதி வெளியிடுவதே ஓரேவிதமான வைத்தியம் ஏற்படுவதற்கான லக்ஷியம் கைகூடுதற்குரிய முயற்சியாம். அதற்கு இருநாட்டுச் சாத்திரங்களும் தெரிந்துகொள்ள வேண்டியது அவசியந்தான்.

6. சுதேச வைத்தியத்தைக் கற்பிப்பதற்கு ஈண்டு குறித்துக காட்டியிருக்கிற எல்லாச் சாத்திரப் பிரிவுகளையும், இவைபோன்ற பிற சாத்திரங்களையும் தற்கால முறையை யனுசரித்துக் கற்பிக்கும் பாடமாகச் சேர்த்துக்கொள்ள வேண்டுமென்பதை நான் ஒப்புக்கொள்ளுகிறேன்.

சுதேச வைத்தியமுறையைக் கற்றுக்கொள்ளும மாணவர்களுக்கு ஏற்படுத்தவேண்டிய பாடக்கிரமத்தின் சங்கிரகம்.

முதலாவது வருஷம்.

(1) சுதேசிய வைத்திய புஸ்தகங்களைப்பற்றிய முதற்பாடம்.
(2) உடல்நூல், முதற்பாடம்.
(3) வைத்திய தாவரநூல், முதற்பாடம்.
(4) சரக்குவைப்பு, முதற்பாடம்.
(5) பதார்த்தகுணம், முதற்பாடம்.
(6) சரக்குச்சுத்தி, முதற்பாடம்.
(7) உணவின் வகையும், தன்மையும் முதற்பாடம்.
(8) வைத்தியன், நோயாளி இவர்களின் குணம் நடைகள்.
(9) நாடிசாத்திரம், முதற்பாடம்.

இரண்டாவது வருஷம்.

(1) உடல்நூல், இரண்டாம் பாடம்.
(2) வைத்திய தாவரநூல், இரண்டாம் பாடம்.
(3) சரக்கு வைப்பு, இரண்டாம் பாடம்.
(4) சரக்கின் குணம், இரண்டாம் பாடம்.
(5) சரக்கின் சுத்தி, இரண்டாம் பாடம்.
(6) நோயின் காரணம் காட்டக்கூடிய பாடம்.
(7) மருந்துகள் செய்யும் காலம காட்டும் பாடம்.
(8) நாடிநூல், இரண்டாம் பாடம்.
(9) மருந்துகள் செய்தற்குரிய கருவிகளும் அவைகளையுண்டுபண்ணுமுறைகளும் காட்டும் பாடம்.

மூன்றாம் வருஷம்.

(1) வியாதிகளின் பெயர்களும் தன்மைகளுங் காட்டக்கூடிய புஸ்தகம்.
(2) அநுபானங்களின் விபரங்களும் தன்மைகளுங் காட்டும் புஸ்தகம்.
(3) ரோக நிதானம் அறியக்கூடிய புஸ்தகம்.
(4) கைபாகம், செய்பாகம், பத்தியமுறை, சரக்குகளுக்குள் சத்துருமித்துரு அறிதற்குரிய பாடம்.
(5) மாத்திரை, ரஸாயனம், மெழுகு, தீற்றல் மருந்து, குழம்பு, எண்ணெய், தைலம், கலிங்கம், நசியம், மை, செயநீர், புகைநீர், தீநீர், குழித்தைலம், பூப்புடத்தைலம், சுடர்த்தைலம், செந்தூரம், பஸ்பம், சுண்ணம், முதலிய மருந்துகள் செய்யும் விதமும், கட்டினம் செய்தலும், ரசமணியுண்டாக்குதலும்.
(6) மருந்துகளும், அவைகள் உபயோகிக்கும் விதமும் காட்டக்கூடிய புஸ்தகம், எரிப்புத்திட்டம், எருத்திட்டம், நிறைத்திட்டம், நீற்றுமானஞ் செய்யும்வித முதலியவைகளைக் காட்டக்கூடிய புஸ்தகம்.
(7) அங்காதிபாத சாஸ்திரம்.
(8) சத்திர வைத்தியமும் அதற்குரிய கருவிகளும் காட்டக்கூடிய பாடம்.
(9) விஷ வைத்திய பாடம்.

நாலாவது வருஷம்.

(1) கைதேர்ந்த வைத்திய நிபுணருக்குள் இருந்து பழகுதல்.
(2) வைத்திய சம்பந்தமான புது முறைகள் கண்டுபிடித்தல்.
(3) வைத்திய புத்தகங்கள் எழுதுதல்.
(4) சுதேசிய வைத்தியப் பெருமைகளைப்பற்றிப் பல அரிய பிரசங்கங்கள் செய்தல்.
(5) இம்முறைகளைப் பல தேசங்களில் அநுட்டிக்குமாறு பரப்பல்.

கேள்வி 6.—(a) முதல் வருஷப் பரீக்ஷையில் தேறினவர்களுக்கு மருத்துவ பாலியன் (M.B.) என்ற பட்டம் அளிக்கலாம்.

இரண்டாம் வருஷத்தில் தேறினவர்களுக்கு மருத்துவ ஆசிரியன் (M.A.) என்ற பட்டம் அளிக்கலாம்.

மூன்றாம் வருஷத்தில் பரீக்ஷையில் தேறினவர்களுக்கு மருத்துவபதி (M.P.) என்ற பட்டம் அளிக்கலாம்.

நான்காவது வருஷத்தில் தேறினவர்களுக்கு மருத்துவப்பூபதி (M.B.P.) என்ற பட்டம் அளிக்கலாம்.

(b) வைத்தியம் படிக்கும் மாணாக்கர்களுக்கு சுதேச பாஷையை அல்லது அத்துடன் ஆங்கிலத்தை நன்றாய்ப்படிக்கவும், பொருள் கொள்ளவும் எழுதவும் தெரியவேண்டும். குறைந்தது 16 வயதுடையவனாயும், தேகதிடமுடையவனாயும், சோம்பல் இல்லாதவனாயும், இருத்தல்வேண்டும். நான்கு வருடகாலம் மேற்கூறிய பாட சங்கிரகத்தின்படி படித்திருத்தல் வேண்டும்.

(c) அந்தந்த நாட்டிற்குரிய சுதேச பாஷையில் கற்பிப்பதுதான் நலம். ஆங்கில பாஷை தெரிந்த மாணவர்களுக்கு அவ்விருபாஷைகளிலும் கற்பிக்கலாம்.

கேள்வி 7.—சுதேச வைத்தியாப்பியாசிகளை இப்பொழுதே ரிஜிஸ்டர்செய்துகொள்ள வேண்டுமென்று வற்புறுத்துதல் அவசியமென்று எனக்குத்தோன்றவில்லை. அந்தச் சட்டத்தை உறுதிப்படுத்தினால் ரிஜிஸ்டர் செய்துகொள்ளாதவர்கள் வைத்தியம் செய்யக்கூடாதென்று வரும். அதனால் பட்டணங்களைத் தவிரக் கிராமங்களிலுள்ள ஜனங்களுக்கு வைத்தியம் நடப்பது அசாத்தியமாய் முடியும்.

(a), (b) அதனால் அவர்கள் வருத்தமுறுவார்கள் என்பது திண்ணம். ஆதலால், சுதேசிய வைத்தியர்களின் தொகை புது ஏற்பாட்டின்படி அதிகரித்த பின்னர், இச்சட்டத்தை வற்புறுத்தல் நலமென்று யான் அபிப்பிராயப்படுகிறேன்.

கேள்வி 8.—அலோபதி வைத்தியமுறைப்படி சிகிச்சை செய்வதைப்பார்க்கிலும் சுதேசிய வைத்திய முறைப்படி சிகிச்சை செய்வதற்குப் பிடிக்கும் செலவு மிகக்குறைவே.

காரணங்கள்.

அலோபதி வைத்தியர்களைக்கொண்டு ஒரு காய்ச்சலுக்கு மருந்து கொடுக்கச்சொன்னால் ஒரு மாசம் அல்லது இரண்டு மாசம்வரை மருந்துகளைக்கொடுத்து, ஒரு டோஸ் மருந்திற்கு சுமார் 2 அணா வீதம் கிரயம் ஏற்படுத்திப் பெரிய பில் ஒன்று அனுப்புகிறார்கள். அம்மட்டோ. அவர்கள் அடிக்கடி வந்து பார்த்துப் போவதற்குத் தடவை ஒன்றுக்குக் குறைந்தது ரூ. 2 வீதம் சார்ஜ் செய்கிறார்கள். வியாதிகள் தீர்ந்தபின் பரிசு வேறு வாங்குகிறார்கள். சுதேச வைத்திய முறையில் மூன்று பொழுதுக்குக் குறையாமலும்; பதினொரு பொழுதுக்கு மேற்படாததுமான மருந்துப் பிரயோகத்தால் காய்ச்சல் முதலிய எவ்வகை வியாதிகளையும் நீக்கிவிடலாம்.

நீக்குதற்குப் பிரபலமான மருந்துகள் இத்தமிழ் வைத்தியத்தில் கூறியதுபோல் யான் எங்கும் கண்டிலேன்.

ரசமணி செய்யுமுறைகளும், கற்ப முறைகள் அநுட்டிக்கும் விதிகளும், யோகாப்பியாசம் செய்யும் வழிகளும், காக்ஷிகள் காணும் அற்புதங்களும், ஆயுளை விருத்திபண்ணிக்கொள்ளும் விதமும், ஞானம் அடையுமுறைகளும், மந்திரங்களை அநுட்டித்துச் சித்திபெறும் விதமும் மிகப் பரக்கக்கூறப்பட்டிருக்கின்றன.

இந்நாட்டில் ரசக்கிணறுகள் சில மலையடிவாரங்களில் இருக்கின்றனவாகவும் கூறப்பட்டுள்ளன. இத்தென்னாட்டில் சதுரகிரி, பொதிகை, திரிகூடம், நம்பிமலை, சஞ்சீவிமலை, மருத்துவாழ்மலை, குருமலை முதலிய பல மலைகள் இருக்கின்றன. அம்மலைகளிலுள்ள குகைகளில் சித்தர்கள் வசிப்பார்கள். அம்மலைகளிற் பச்சிலைகள் பலவுள. கடற்கரையிலுள்ள பச்சிலைகளைவிட அவைகள் மிக நயமுள்ளவைகள். மூலிகைகளிலும் உயிர் இருப்பதால் அவைகளை வீணேபிடுங்கிப் பாழாக்கலாகாது. நூலிற்சொல்லிய முறைப்படி பிடுங்கவேண்டும்.

மலைகளில் கருநெல்லி, கருநொச்சி, ஜோதிப்புல், ஜோதிவிருக்ஷம், கருநீலி என்பது உண்மை. அவ்வாறு பரீக்ஷை பார்க்கலாம். இரண்டணா மருந்தில் கபக் காய்ச்சல் ஜன்னிகள் குணமாகிவிடுமென்பதில் தடையில்லை. அவ்வாறு தீர்ப்பதற்கு லிங்க செந்தூரமென்ற ஒரு மருந்தே போதும். ஒரு பலம் லிங்கம் கிரயம் அணா 8, அதைச் சுத்தஞ்செய்து புடத்தில் வைத்துச் செந்தூரஞ் செய்தால் ஒரு நேரத்துக்கு ஒரு மஞ்சாடி வீதம் அதிகப் பொழுதாகிய 11 பொழுது கொடுத்தாலுங்கூடசுமார் இருபத்து நான்கு பேர்களுக்குக் கொடுக்கலாம். மருந்துக்கிரயம் ஒருவருக்கு 4 பைசாவாக முடிந்தது. செய்பாகம், கைபாகங்களுக்கு 2 பைசா வைத்துக்கொள்ளுவோம். அதையுஞ் சேர்த்தால் 6 பைசாவாகும். வியாதிக்குறிகளைத் தெரிந்துகொண்டால் போதும். நேரிற் போய்ப்

பார்க்கவேண்டியது அத்தனை அவசியமில்லை. இருந்த இடத்திலிருந்துகொண்டே மருந்து அனுப்பலாம். சுதேச வைத்திய முறையில், இவ்வளவு சொற்பச் செலவில் வியாதிகளைத் தீர்ப்பதற்கு அநேக மருந்துகள் ஏற்பட்டிருக்கின்றன என்பதை உண்மையாய்த் தெரிவித்துக்கொள்ளுகிறேன். வேறு உதாரணங்கள்காட்டினால் விரியுமென்று அஞ்சி விடுத்தேன்.

கேள்வி 9.—சுதேச வைத்திய முறைகள் க்ஷீணித்துப்போவதற்குக் காரணங்கள் :—

(1) அறிவுடையார் பலரும் அவ்வைத்திய முறையைக் கையாடாது வேதாந்த சித்தாந்த விசாரணையில் நின்றதும், தாழ்ந்த அறிவுடையார் நூல்களைக் கைக்கொண்டு பயிற்சிப்பதும்.

(2) சாத்திரங்கள் கடினமான பாட்டுகளில் அமைத்திருத்தலன்றி, முறைப்படுத்தி வசனத்தில் எழுதி வெளிப்படுத்தாமை.

(3) ஒருவருக்குத் தெரிந்த வைத்தியமுறையை மற்றொருவருக்குத் உண்மையில் தெரிவிக்காமை.

(4) இந்நாட்டிலுள்ள முக்கியமான சாத்திரங்கள் பிறநாட்டிற்குச் சென்றமை.

(5) பிறநாட்டு வைத்தியமுறைகளும், சாத்திரங்களும் அவைகளை மாத்திரம் விருத்திபண்ணுவதற்கு ஏற்பட்ட முறைகளும் மிகப் பரவிநின்றமை.

(6) இந்நாட்டார் சுதேச வைத்தியத்தைக் கையாடாது பிறநாட்டு வைத்தியத்தை மிகவும் கைக்கொண்டமை.

(7) சுதேச வைத்தியரைப் புறக்கணித்துத்தள்ளி அவர்களுக்குச் சொற்பப்பணமும் கொடாமை.

(8) பட்டாதாரிகளைக்கொண்டு வியாதிக்குச் சிகிச்சை செய்யச் செய்தல் தங்களுக்கு மேன்மை தருமென்று எண்ணினமை.

(9) சுதேச மருந்துகள் ஆங்காங்கு சேர்த்து சுலபத்தில் வாங்கிக்கொள்ளும்படியான விதமாய் வைக்கப்படாமை.

(10) சுதேச வைத்திய முறைகளைக் கற்பிக்க வழியில்லாமை.

(11) ராஜாங்கத்தாரின் ஆதரிப்பின்மை.

இவைபோன்ற இன்னும் பலகாரணங்களுள்ளன.

கேள்வி 9-10.—(a) ராஜாங்கத்தார் சுதேச வைத்திய முறையை ஒப்புக்கொண்டு அதை விருத்திசெய்வதற்குத் தகுந்த ஏற்பாடுசெய்து பொருளுதவி செய்யவேண்டும்.

(b) அப்படிக் கொடுத்த தொகையைக்கொண்டும், லோகல் போர்டார் தங்களால் கொடுக்கக்கூடிய தொகையை அத்துடன் சேர்த்தும் வசனத்தில் தகுந்த நிபுணர்களைக்கொண்டு நூல்கள் எழுதிவைத்தும் தகுந்த முறையில் பள்ளிக்கூடங்களேற்படுத்தியும் சுதேச வைத்தியப்பயிற்சி செய்வித்தல், பரீக்ஷித்தல், அநுபவத்திற்குக்கொண்டுவரச்செய்தல், பட்டம் கொடுத்தல், சுதேச வைத்தியராக்குதல், புத்தகசாலை அமைத்தல், மருந்துப் பச்சிலைத்தோட்டம் வைத்தல், வாராந்தரப் பத்திரங்கள் வெளியிடல் முதலியவைகளாலும்,

(c) சர்வகலாசாலைகளிலும் இவ்வைத்தியப்பாடங்களை யேற்படுத்த அனுமதி கொடுத்து ஆதரிப்பதாலும்,

(d) தனி நபர்களும், சங்கங்களும், வைத்தியர்களை ஆதரிப்பதற்கு நிதி ரூபமாயும், பிரசங்கரூபமாயும் விருத்திசெய்யத் துணிதலாலும் சுதேச வைத்திய முறையை விருத்திக்குக்கொண்டுவரலாமென்று எனக்குத் தோன்றுகிறது.

தமிழ் மருத்துவம்.

1. தமிழ் மருத்துவமெனினும், தமிழ் வைத்தியம் எனினும் ஒக்கும். மக்களுள்ள வன்றே நோய்களுமுள்ளன. நோய்களைத் தீர்ப்பது மருந்து. நோய்களைத் தீர்ப்பவன் மருத்துவன். நோய்களைத் தீர்ப்பதற்குரிய மருந்துகளையும், நோய்வந்தவழியையும், மருந்துகள் செய்யுமுறைகளையும் விரித்துக் கூறுகிற்கும் நூல்களே மருத்துவ நூல்களாம். நோயால் பிணிக்கப்பட்டவன் நோயாளியாம்.

மருத்துவ நூல்கள்.

2. முதல்முதல் இறைவனால் உயிர்கள் பிணியால் வருத்தமுறுவண்ணம் அருளிச் செய்யப்பட்ட நூல்களே மருத்துவ முதல் நூல்களாம். அதன்பின் முனிவர்களும், பதினெண் சித்தர்களும், அவர் வழி வந்தபிறரும் பற்பல நூல்கள் தமிழ் மொழியின்கண் பாக்களாலும், பாவினங்களாலும் இயற்றுவாராயினர். அந்நூல்களே சித்தர் நூல்கள்

எனப்படுவனவாம். சித்தர்கள் பரம ஞானத்தால் நீண்ட ஆயுளை பெற்றவர்கள். அவர்கள் நூலினுள் வழங்கப்பெறும் வார்த்தைகளின் பொருள்களையும், குறிச் சொற்களையும் தெளிவாய் அறியுமாறு நிகண்டுகள் பல ஏற்பட்டிருக்கின்றன. சரக்குகள் வைப்பதற்காகச் சரக்கு வைப்பு நூலென்னும் பேரோடு பல நூல்கள் இயற்றப்பட்டுள்ளன. சரக்கு சுத்திக்கும் செயநீர் செய்வதற்கும், திராவகங்கள் வடிப்பதற்கும், பஸ்ப செந்தூரங்கள் செய்வதற்கும், லோகங்கள் உருக்குவதற்கும், களங்குகள் சத்துகள் செய்வதற்கும், குரு முறைகள் செய்வதற்கும், அநேக முறைகளைத் தெரிவிக்கக்கூடிய பல நூல்கள் காணப்படுகின்றன.

3. பதினெண் சித்தரால் இந்நூல்கள் வடமொழியினின்றுமொழி பெயர்த்துச் சொன்னவைகளல்ல. ஏனென்றால், அம்மொழியில் இப்பெயரோடு ஓர் நூலில்லாமையே சான்றாம். எண்ணிறந்த பாக்களால் அமைக்கப்பெற்ற சித்தர் நூல்களுள், தாவர நூல், உடல் நூல், பௌதிக நூல், ரசாயன நூல், முதலிய பல நூல்களும் அடங்கிக் கிடக்கின்றன. அவைகளை வெவ்வேறு பிரித்து எழுதாத காரணத்தால் அந்நூல்கள் இல்லையென்றே கூறும்படி நேர்ந்தது. உடல் நூல் தமிழ் மொழியில் இல்லையெனச் சிலர் கூறத் துணிகின்றனர். உடல் நூல் இல்லாமல் வைத்தியம் எவ்வாறு நடைபெறும். அவ்வகை நூல் ஒன்று இருந்தே தீரவேண்டும். அந்நூல் தற்காலத்தில் கையில் அகப்படாவிட்டாலும் வேறு பல நூலகளில் அந்நூலின் கருத்துகள் எழுதப்பட்டுள்ளன. அவைகள் விரைவில் வெளிவரும்.

4. ஒரு மொழியின் ஆயுள் வேதத்திலுள்ள கருத்து மறுமொழிகளுள் எடுத்தாளப்படாததென்பதில்லை. வடமொழிக் கருத்துகள் தமிழ் மொழி நூலினும், தமிழ் மொழிக் கருத்துகள் வடமொழி நூலினும் எடுத்தாளப்படுவது திண்ணம். ஆனால வடமொழியிற் கூறிய மருந்துகள் செய்யும் முறை வேறு, சித்தர் முறை வேறு.

5. பிரபல வியாதிகளாகிய குட்டம், குறைநோய், நீரழிவு, பிளவை, குன்மம், க்ஷயம், பாண்டு, மூலமுளை முதலிய பல நோய்களைத் தீர்ப்பதற்குத் தமிழ்ச் சித்த வைத்தியத்திலுள்ள மருந்துகளைப்போல் வேறு எந்த வைத்தியத்திலும் அம்மருந்துகள் இல்லையென மிக உறுதிப்பாட்டுடன் கூறலாம். தமிழ் வைத்திய முறைகளிற் கூறிய மருநது ஓர் மதயானைக்குச் சமம். மற்றைய மருந்துகள் பலமற்ற புல்வாய்க்குச் சமம். இத்தமிழ் வைத்திய முறையில்தான் மற்ற எந்த வைத்திய முறையிலும் கூறப்பெறாத பஸ்பம், சுண்ணம், செந்தூரம் இவைகள் கூறப்பட்டுள்ளன. இவைகள் செய்து பல நூற்றாண்டுகள் கழிந்தாலும் தங்கள் குணத்தில் மாறுபடாமல் இருப்பனவாம். மற்ற மருந்துகள் 50 பொழுது சாப்பிடுவதும் சரி, இது 5 பொழுது உட்கொள்ளுவதும் சரி. நோயாளிக்கும் வைத்தியனுக்கும் சாப்பிடுதலிலாவது கொடுத்தலிலாவது யாதொரு சிரமுந் தராதவைகள். தமிழ் வைத்தியத்தில் ஒன்பது செந்தூரங்கள் சேர்ந்த பூபதி யென்னும் செந்தூரம் ஒன்று சொல்லப்பட்டுள்ளது. அது பிணமாகுமொருவனை அறிவுடன் பேசச்செய்யும்.

6. இவ்வைத்தியத்திற் சொல்லாத முறைகள் நவீன வைத்தியத்தில் புதிதாய்க் கண்டுபிடிக்கப்பட்டுள்ளனவென்று சொல்ல என் மனம் திடப்படவில்லை. நூல்களைப் பரக்க ஓதியபோதுதான் இக்கருத்து நன்கு விளக்கமுற்றது. நூல் பாராக் குற்றம் நூலின் மேலதாகாதென்பது உண்மை.

7. தற்காலத் தமிழ் வைத்தியர்கள் பரம்பரையாகத் தாங்கள் தெரிந்துகொண்ட சில மருந்துகளைச் செய்து கொடுக்கிறார்களே தவிர வேறன்று. செய்யும் முறைகளோ பல. கொடுக்கும் விதங்களோ அளவில. வியாதிகளின் போக்குகளோ ஒருமட்டில் அடங்கில. சிற்றறிவும் சிறிய தொழிலோடும்கூடிய வைத்தியனெனப் பேர்வைத்துக்கொண்டவன் என் செய்தல்கூடும்? அவன் மேல்விஷயங்களையறிந்து விருத்திசெய்வதற்குச் சாதகங்கள் எங்கே இருக்கின்றன? அவனுக்குதவி செய்வார் யார்? அவனறிவு அவனிடத்தே தோன்றி அவனிடத்தே ஸ்தாபனமாகின்றது.

8. வைத்தியங்கள் சீதோஷ்ண ஸ்திதிகளைக் கவனித்தே பல பல தேசங்களில் ஏற்படுத்தப்பட்டுள்ளன. அந்தந்த நாட்டுக்குள்ள மருந்துகள்தான் அந்தந்த நாட்டிலுள்ள ஜனங்களுக்கு உடனே சுகத்தைக் கொடுப்பனவாம். பிற வைத்தியங்கள் கால நீட்டிப் பிற் கேட்கினும் கேட்கும். அந்தந்த நாட்டிற்கு அந்தந்த வைத்தியத்தை முற்பட வைத்து விருத்தி செய்யவேண்டுவது மிக அவசியம். அங்ஙனமின்றி அதன் உயர்வு தெரியாமல் கீழே தள்ளி மிதிப்பது ஒரு சிறிதுந் தகுதியானதன்று. இச்சுதேச வைத்தியத்தில் என்ன அம்சம் குறைவாயிருக்கிறது. 4,448 வியாதிகளும், பச்சிலையில் 1,008 விதமும், உப்பில் 25 விதமும், உபரசத்தில் 120 விதமும், பாஷாணத்தில் 64 விதமும், உலோகத்தில் 11 விதமும், ரத்தினத்தில் 9 விதமும், கற்பத்தில் 108 விதமும், செயநீரில 110 விதமும், திராவகத்தில் 64 விதமும், குருச்சுண்ணத்தில் 14 விதமும, அநுப்பானத்தில் 2,000 விதமும், கள்ளி வகையில் 25 விதமும், ரசவாத முறையில் 1,200 விதமும், ஆங்காங்கு சித்தர் நூல்களில் பரக்கக் கூறப்பட்டிருக்கின்றன.

அன்றியும் மருந்து வகைகளில் கஷாயம், எண்ணெய், நெய், திரி, புகை, களி, பிட்டு, பூச்சு, காரம்வைத்தல், சத்திரமிடல், நசியமிடல், சூரணம், துவெண்ணெய், மா வைத்துக் கட்

டல், இடிபொடி கலிங்கம், ஆக்கிராணம், நசியம், தீற்றுதல், குழம்பு, வெண்ணெய், தைலம், லேகியம், உண்டை, ரசாயனம், மை, மெழுகு, இவைகள் செய்யும் வழியும், நவரத்தின பஸ்பங்கள் செய்யும் முறைகளும் மிக நன்றாய்க் கூறப்பட்டிருக்கின்றன.

அன்றியும் குழித்தைலம் இறக்குமுறை, பூப்புடம் வைக்குமுறை, வாலரசம் வைக்கும்முறை, சுடர்த்தயிலம் இறக்கு முறைகளும், யாவரும் மெச்சும்வண்ணம் சொல்லப்பட்டிருக்கின்றன. இரணத்தைப்பற்றியும், வெட்டுப்புண், குத்துப்புண், ஆயுதப்புண், நெருப்புப்புண், மரமேறி விழுதல், இடரேறி விழுதலாலும், முறிதல், சதை முறிதல், கிணற்றில் விழுந்து சுவாசமடங்கல், இவைகளுக்கெல்லாம் பல மருந்துகள் கூறப்பட்டுள்ளன.

நோய்களுண்டாவதற்குக் காரணமும், ரோக நிதானமும் நூல்களிற் கூறப்பட்டுள்ளன. நோய்களின் நிலை உடலில் அறிதற்கு நாடி நூல்கள் பல கூறப்பட்டன. சரக்கு வைப்புநூலும், அச்சரக்குகளைச் சுத்திசெய்யும் விதமும், கட்டும் விதமும், அவைகளுக்குச் சுருக்குக் கொடுக்கும் விதமும், வெகு அழகாய்ச் சொல்லப்பட்டிருக்கின்றன. சேநீர், தீநீர், புகைநீர், செய்யும் விதமும், எரிப்புத் திட்டமும், புடம் வைக்கும் விதமும், குகைத்தினுசுகளும், ஊதுமுறைகளும், மருந்துகள் செய்யவேண்டிய யந்திரங்கள் கருவிகளும், குருமுறை, ப்ரசந்நாசம், பஸ்பம் செய்யும் காலங்களும், வர்ண இனம், நீற்றினம், உருக்கினம், கட்டினம், முதலிய மருந்தினங்களும், அயத்தைச் செம்பாக்கு முறையும், தாளக முதலியவற்றில் ஈயம் எடுக்கு முறையும், அயச்சவளை செய்யுமுறையும், காந்தக் கிண்ணஞ் செய்யும் முறையும் யாவரும் மெச்சும்படியாய் இவ்வைத்தியத்திற் கூறப்பட்டிருக்கின்றன. உலோகங்களில் மெழுகுண்டை, மாற்றுணி, வாதகுடோரி, சத்தெடுக்குமுறை வளையக்கூடிய லோகத்தைத் தெறிக்கும்படி செய்யுங் களங்க முறை, லோகங்கள் உருகும்போது கொடுக்க கிராசம், மேற்சட்டியில் ஏறச்செய்யும் பதங்கமுறை இவைகளைப்பற்றி வெகு விரிவாய்க் கூறப்பட்டிருக்கின்றன.

அன்றியும் உள்நாக்குவளர்தல், சதைகுறிமூடல், மூக்குச்சதை வளர்தல், கருவிகொண்டு ஆடிய புண், உச்சிப்புற்று, விழுந்தபுண் இவைகளுக்குப் பல மருந்துகள் கூறப்பட்டிருக்கின்றன.

அன்றியும் கருவை வளர்க்கவும், கெர்ப்பக் கோள்களை நீக்கவும், பிரசவத்தைச் சுருக்குச் செய்யவும், வயிற்றுட் செத்த பிள்ளையைக் கருவியாடாதே பிறக்கச் செய்யவும், 96 கண் வியாதிகளைத் தீர்க்கவும், வைசூரியைச் சுகப்படுத்தவும், 48 வகைப் பிளவைகளை உடைத்துக் குணப்படுத்தவும், நூல்களும், மருந்து முறைகளும் வெகு நன்றாய்க் கூறப்பட்டிருக்கின்றன. நரம்பு அறிந்து சுடுதல், கண்ணிற் சூரிகொண்டு குத்தி உரித்தல், உபநயனம் வைத்துக்கட்டல், ஆவி பிடித்தல், கொதி தொடல், பார்வை பார்த்தல், அடைகள் வைத்துக் கட்டல், ஒத்தடம் போடுதல், வேர் வெட்டி மருந்து கொடுத்தல் இவைகளைப் பற்றியும், வெகு விரிவாய்க் கூறப்பட்டுள்ளன.

இந்நாட்டில் விஷ ஜந்துக்கள் அதிகமாயிருத்தலால், விஷத்தைத் தீர்ப்பதற்குக் கூறிய மருந்துகள், பாஷாண முறிவு மருந்துகள், நாய்கடி தீர்த்ததற்கு மருந்துகள் இவைகளெல்லாம் மிக விரித்துக் கூறப்பட்டிருக்கின்றன. நிறைகள் நிறுப்பதற்கு, குன்றிமுத்து, மஞ்சாடி, அரிசி, உழுந்து முதலிய இயற்கைப் பொருள்களும், பணவிடை, விராகனிடை, முதலிய மருந்துகள் அளவுகளும் கூறப்பட்டிருக்கின்றன.

தொந்தங்கள், சங்கிகள் இவைகளை வெள்ளைத்துத்தி, கல்தாமரை, ரோம விருக்ஷம், சுணங்கன் விருக்ஷம், கருங்கொடிவேலி, செந்நிராய், வெண்புரசு, வெள்ளைக்கண்டர், செம்பல்லி, செங்கள்ளி, பாலை, கருப்புப்பசலை, பொற்சீந்தில், சிவந்ததில்லை, வெள்ளைத்தூதுவளை, கருத்தவாழை, கருப்புக் கரிசாலை, கரு ஊமத்தை, வெண்கரந்தை, கல்லாரை, மூவிலைக்குருந்து. கருந்தும்பை, வெள்ளைக்காந்தி, ஆதண்டை முதலிய அநேக பச்சிலை உண்டெனச் சித்தர் நூல்கள் கூறுகின்றன. இவைகளுடைய குணங்களை யான் எழுதும் நூலில் எடுத்துக் காட்டுவேன். மூலிகைகளைக் கருப்பாக்குதற்குப் பலமுறைகள் இருக்கின்றன. சாறு வராத் தழைகளில் சாறுகள் எடுக்கவும், அவைகளின் சாறுகளைத் தண்ணீராக்கவு முறைகளுள. எந்த மூலிகைகளிலும் உப்பெடுக்கலாம். அவைகள் மிகப் பிரயோஜனங்களைக் கொடுக்கும். அநேக மூலிகைகளின் வேரின் கவசம் சரக்குகளைக் கட்டிச் சுண்ணமாக்கும். ஒரு மூலிகை தங்கத்தைச் சுண்ணும்பாக்கும். மற்றொரு மூலிகை வெள்ளியைப் பேதிக்கும். இன்னொரு மூலிகை தாம்பிரத்தின் களிம்பைப் போக்கும். மற்றொரு மூலிகை நாகத்தைப் பொடியாக்கும். வேறொரு மூலிகை ஈயங்களைப் பொடியாக்கும். பிறிதொரு மூலிகை ஓடுகின்ற ரசத்தை வெண்ணெயாக்கும். இன்னொரு மூலிகை பாலைச் சீனியாக்கும், மற்றொரு மூலிகை தண்ணீரைப் பனிக்கட்டியாக்கும். ஒரு மூலிகை பிளவையை உடைக்கும். மற்றொரு மூலிகை வெட்டுக் காயங்கள் ஆற்றும். இன்னோர் மூலிகை முறிந்த எலும்புகளை ஒன்றுசேர்க்கும். வேறோர் மூலிகை அறிவை விளக்கும். மற்றொன்று தேகத்தைப் பலப்படுத்தும், இன்னொன்று நரையைமாற்றும், மற்றொன்று கல்லைக்குழைக்கும், இவ்வாறு மூலிகைகளில் பல பல விசேஷகுணங்களிருந்தும் அறிவதற்கு ஏற்ற ஏற்பாடுகள் இலவே, என்செய்யலாம்! இன்னும் மூலிகையைப்பற்றி எழுதில் விரியும்.

வைத்தியன் குணம்.

(1) வைத்திய சாஸ்திரம் பல பார்க்கவேண்டும்.

(2) குருமொழி கேட்டறியவேண்டும்.

(3) உத்தமகுணம், பெருங்கீர்த்தி, புத்தியால், உயர்ந்தசொல்லான், கலைப்பொருள் ஆயவல்லான், சத்தியம், தர்மசிந்தையுள்ளான், குத்திரவார்த்தையில்லான், கோபமில்லான், வணங்குஞ்சொல்லுள்ளான், வஞ்சகம் நெஞ்சிலில்லான், குணம் குறி அறியவல்லான், பிணிதீர்க்கவல்லான், உறுப்பிற் குறைபாடில்லான், உதாசீனவார்த்தையில்லான், பல மருந்துகளும் செய்யவல்லான், சத்திரமிடவல்லான், நோய்களை உபாயமாய்த் தீர்க்கவல்லான், வெள்ளைத்துகிலுள்ளான், நாடிபார்க்கவல்லான், கடவுளிடம் அன்புள்ளான், இன்னோரன்னகுணங்கள்வாய்ந்தவனே நல்ல வைத்தியனென்றும், அவன் பஞ்சமாபாதகர்க்கும், கேடுநினைப்பவர்க்கும், வஞ்சகம் பேசுவோர்க்கும், பழிப்பழிசெய்வோர்க்கும், கொடியவர்களுக்கும் மருந்து செய்தால் பிணி தீராதென்றும் நல்ல நெறியுள்ளோர்க்கு மருந்துசெய்தால் பிணி தீருமென்னும் சித்தர் நூல்கள் கூறுகின்றன.

பதார்த்தங்களின் தன்மைகளை அறிதற்கு நூல் ஒன்று இருக்கின்றது. அந்நூலில், பால், தண்ணீர், அன்னம் முதலிய பலபதார்த்தங்களின் குணங்களை நன்கெடுத்துக் கூறப்பட்டிருக்கின்றன.

இன்னும் எத்தனையோ விதமான விஷயங்கள் தமிழ்ச் சித்தர் நூல்களிற் காணப்படுகின்றன. அவைகளைப் பூராவும் எடுத்து ஈண்டுக்கூறில் விரியுமென்று அஞ்சி விடுத்தோம்.

ஆகையால் தமிழ்ச் சித்தர் நூல்களையறிந்து, அவைகளிற்கூறிய முறைகளைவிடப் பிற வைத்தியமுறைகளில் அதிகமான இரகசியங்கள் இருக்கின்றதாக யான் தெரிந்தவளவில் சொல்லமுடியவில்லை. சித்தர் நூல்களை நன்கு ஆராய்ந்து அவைகளிலுள்ள ஒவ்வொரு விஷயத்தையும் பாகுபடுத்திச் சோதித்துப்பார்த்து உண்மையைக் கண்டுபிடிப்பதற்குத் தகுந்த பொருளுதவிகளும், ஏற்பாடுகளும் செய்யவேண்டுமென்று வெகு தாழ்மையாய்ப் பன்முறை வேண்டிக்கொள்ளுகிறேன். யான் எழுதியவற்றுள் யாதேனும் குறை காணில் அதை மன்னிக்க வேண்டிக்கொள்ளுகிறேன்.

(10)

M.R.Ry. S. V. VÀJAPEYULU AVARGAL, H.L.M.S.

கேள்வி 1.—சித்தர் வைத்தியமுறையென்ற தமிழ் வைத்தியத்தைப்பற்றி விவரிக்க நான் முயலுகிறேன்.

நாஸ்திகவாதியாயுள்ள ஒருவர் இந்து சாஸ்திரங்களைப்பற்றி பிரத்தியக்ஷப்பிரமாணம் கேழ்ப்பாராகில் அவருக்குப் பிரதியுத்தரம் வைத்திய சாஸ்திரந்தான். அதாவது, இந்த சாஸ்திர முறைப்படி கொடுக்கும் ஔஷதம் குறிப்பிட்ட நோயை குணப்படுத்துவதைப் பரிசோதனையினலறிந்துகொள்ளவேண்டும். சூலை முதலான மேகரோகங்களுக்கு ரஸ பஸ்பத்தை பிரயோகஞ்செய்தால் தீரும், என்னும் சாஸ்திர முறையை அனுசரித்து ஒரு சூலையால் வருந்தும் வியாதியஸ்தனுக்கு அந்த ஔஷதத்தைக் கொடுத்து அவ்வியாதி குணமாகிறதைக் கண்டறிந்துகொண்டு அந்த சாஸ்திரத்தின் உண்மைப் பிரமாணத்தைக் கைக்கொள்ளவேண்டும். அடுத்த சாஸ்திரமான ரஸாயன சாஸ்திரமுமிவ்வாறே. அதாவது ஒரு மூலிகையின் ரஸத்தால் இன்ன லோகத்தை நீற்றலாமென்று சொல்லும் முறைப்படி அம்மூலிகையைக்கொண்டு அந்த லோகத்தை நீற்றும் பரிசோதனையால் அந்த சாஸ்திரத்தின் உண்மையைக் கைப்பற்றவும், இதற்குமேல் சாஸ்திரமான வாதமும இவ்வாறே. இது மிகவும் நுட்பமான சாஸ்திரமானதால் எல்லாரும் ஸித்தி பெருவது துர்லபம்.

அதன் முறைகளும் இரகஸியமாய் வைக்கப்பட்டிருக்கின்றன. தக்கவர்களுக்குத்தான் கிட்டும். இதற்கு அடுத்த, வான சாஸ்திரத்தையும் கிரஹங்களின் உதய அஸ்தமனங்கள், சாரங்கள், கிரகணங்கள், நக்ஷத்திர உதயஸ்தமனங்கள் முதலியவைகளை கணிதத்தினல் தீர்மானித்துக்கொண்டு பிரத்தியட்சத்திலும் அவ்வாறு இருப்பதை பரிசோதனையினல் நிச்சயித்துககொண்டு அந்த சாஸ்திரத்தின் உண்மை பிரமாணங்களை கைக்கொள்ளவும், இதைப்போலவே ஜோதிடம், மாந்தரீகம், யோகம், ஞானம்போன்ற மேன்மைபெற்ற சாஸ்திரங்களின் உண்மை பிரமாணத்தைக் கண்டறிந்துகொள்ளவும்.

ஆகையால் கீழ்நாட்டு எல்லாவித மேன்மையான சாஸ்திரங்களின் உண்மை பிரமாணத்தைக் பிரத்தியக்ஷமாய் எடுத்துக்காட்ட முதல் நூலாயிருப்பது "வைத்தியசாஸ்திரம்."

அதுபற்றி அதைவிவரிக்க நான் முயல்கிறேன்.

கேள்வி 2.—(a) இம்முறையில் வியாதிக்குக்காரணம், மலம் (Effete matter) என்று சொல்லப்பட்டிருக்கிறது.

மேல்நாட்டு வைத்திய சாஸ்திர முறைப்படி தேகத்திலிருக்கும் ஒவ்வொரு அணுவிலும் மலம் (Effete matter) உண்டாகிறது.

அந்த மலமானது அப்போதைக்கப்போது சில முக்கிய அவயவங்களால் வெளியாக்கப்படுகின்றது. அப்படி வெளியாக்கப்படுவதில் குறை ஏற்பட்டால் வியாதிக்குக் காரணம் ஏற்படுகின்றதென்பது மேல்நாட்டாரின் கொள்கை. ஆகையால் இதுவிஷயத்தில் மேல்நாட்டுக்கொள்கையும் கீழ்நாட்டுக்கொள்கையும் ஒற்றுமையாயிருக்கின்றன.

இந்தக் கொள்கையை அநுசரித்து மேல்நாட்டார் வியாதி நிவர்த்திப்பிரயோகங்களைப் பகுத்திருக்கிறார்கள். ஆசன துவாரத்தின் வழியாய் ஜலத்தைக் குடலுக்குள் செலுத்தி (Colon) கோலன் என்னும் பெருங்குடலை அலம்பும் முறையிருக்கிறது.

தொண்டை வழியாய் ரப்பர்க் குழாயைவிட்டு அதன் மூலமாய் இரைப்பையில் ஜலத்தைப்பெருக்கி இரைப்பையை அலம்பும் முறையிருக்கிறது.

சுவாசாசயங்களின் வியாதிகளை நிவர்த்திக்க சுவாசா அப்பியாசங்கள் (Breathing exercises) ஏற்பட்டிருக்கின்றன.

மலங்களை வெளியாக்கும் சுவாஸாசயங்களுக்குள் குண்டிக்காய்கள், தோல் இவைகளின் தொழில்களை அதிகரிக்கச்செய்து உடலுக்குள்ளிருக்கும் மலங்களை வெளியாக்கும் வழிகள் ஏற்படுத்தப்பட்டிருக்கின்றன. கீழ்நாட்டார் இம்முறைகளை அப்பியாச தேர்ச்சியால் விசேஷப்படுத்தி அஸாத்தியமென்று நினைக்கும்படியாகத் தேர்ச்சியடைந்து அப்பியாசக் கிரமங்களையும் வெகு விஸ்தாரப்படுத்தியிருக்கிறார்கள்.

அதாவது எனிமா (Enema) க்கொடுக்கும் பீச்சாங்குழலால் மேல்நாட்டு முறைப்படி (Colon) கோலனுக்குள் ஜலத்தையடிக்கிறோம். ஆனால் கீழ்நாட்டுமுறையில் தேர்ச்சியடைந்த அப்பியாசிகள் ஜலத்துக்குள் உட்கார்ந்தபடியே ஜலத்தைப் போதுமானளவு குடலுக்குள் ஏத்தி குடல்களை சுத்தப்படுத்திக்கொள்கிறார்கள். இதை மேல்நாட்டார் அசாத்தியமென்றுதான் நினைப்பார்கள் என்று நினைக்கிறேன். இவ்வாறு செய்யும் அப்பியாசிகளை நான் நேரில் பார்த்திருக்கிறேன். மேலும், அவர்கள் செய்வதையும் சோதித்து இருக்கிறேன். பின்னும் இதைப்பார்க்கிலும் அசாத்தியமாயுள்ளதையும் அவர் செய்ததையும் பார்த்திருக்கிறேன்.

அதாவது, நீர் துவாரத்துமூலமாய் ஜலத்தை நீர்ப்பைக்குள் வாங்கி நீர்ப்பையையும் அலம்பி சுத்தப்படுத்துவதையும் பார்த்திருக்கிறேன். இதைப்போல இரைப்பையை சுத்தப்படுத்துவதற்கும் நாசி வழிகளை (Nasal passages) சுத்தப்படுத்துவதற்கும் கண்களின் மேல் பரப்புகளை சுத்தப்படுத்துவதற்கும் அப்பியாசமுறைகள் விஸ்தாரமாய்ச் சொல்லப்பட்டிருக்கின்றன. இவைகளை அப்பியாசித்து வருகிறவர்கள் அநேகர் இருக்கிறார்கள். இவைகளையொத்த கீழ்நாட்டு அப்பியாசமுறையில் சிரேஷ்டமானது சுவாஸாப்பியாஸம். மேல்நாட்டு சாஸ்திரிகள் சுவாஸாப்பியாஸத்தை சுவாஸாஸயத்தின் வியாதிகளுக்குப் பரிகாரப்பிரயோகமாகச் சொல்லுங் கொள்கையைப்போலவே கீழ்நாட்டார் சுவாஸாப்பியாஸத்தை ஸகல ரோக நிவாரணத்துக்கும், சர்வ ரோகங்களும் அணுகாமலிருக்கிறதற்குக் காரணமாயுங் கைக்கொண்டு அதன் அப்பியாஸத்தை அளவற்று விஸ்தாரஞ்செய்து பற்பல முறைகளை திட்டந்திட்டமாய் வகுத்து சாஸ்திரங்கள் உண்டாக்கியிருக்கிறார்கள். இம்முறையை அப்பியாஸஞ்செய்து தேர்ச்சியடைவதால் நோயணுகாமலிருக்கச் செய்துவிடலாமென்று மாத்திரமல்ல, நரை திரையில்லாமலும் செய்துகொள்ளலாமென்றும், சந்ததமும் இளமையோடிருக்கலாமென்றும், மரணத்தைக்கூட ஜெயிக்கலாமென்னும்வரை கீழ்நாட்டார் சொல்லுகிறார்கள். இவ்வாறு அவர்கள் சொல்வதற்கு உதாரணங்களும் முகாந்தரங்களும் தற்காலத்தில் மேல்நாட்டில் சில சாஸ்திரிகள் அப்பியாஸம் செய்துவரும் சாஸ்திரமான (Hypnotism) சாஸ்திரமுறைகளிலிருந்தும் சில ஜெந்துக்கள் செய்துவரும், (Hybernation) என்னும் ஸ்திதியிலிருந்தும் போதுமான உதாரணங்களும் சாக்ஷியமும் காண்பிக்கலாம். இவைகளை யெடுத்துச் சொன்னால் இக்குறிப்பு மிகவும் விஸ்தாரமாகிவிடுமாகையால் நிறுத்திக்கொள்கிறேன்.

கீழ்நாட்டாரின் கொள்கை இந்த முறைகளினின்றும் திட்டமாய் வெளியாகிறது. மல (Effete matter) சுத்தி செய்வதாலும் நாடி சுத்திசெய்வதாலும் மனிதன் இளமையோடிருக்கலாமென்பது அவர்கள் கொள்கையாயிருக்கிறதென்பது வெளியாகிறது. இந்த மலத்தை சுத்திசெய்யவும் நாடிகளைச் சுத்திசெய்யவும் இந்த அப்பியாசங்கள்தான் ஏற்றவை யென்று சொல்லியிருப்பதும் வெளியாகிறது. இவ்வாறு சொல்லப்பட்டிருக்கும் மலங்களானது நித்திய காலக்கிரமத்தில் அவை அவைகளை அப்போதைக்கப்போது வெளியாக்க வேண்டிய அவயவங்களால் வெளியாக்கப்படாமற் சேருமாயின் அதுவே வியாதிக்குக் காரணமாகுமென்பதையும் திட்டமாக அறிந்து மேற்சொன்ன அப்பியாச முறைகளை நுட்பமாயும் திட்டமாயும் விஸ்தாரமாயும் சொல்லியிருக்கிறார்கள்.

மேல்நாட்டுக்கொள்கை தற்கால சாஸ்திர பரீக்ஷைக்கு ஏற்பட்ட விதிகளைக்கொண்டு பரீக்ஷிக்கப்பட்டு குற்றங்களற்றதாக ஒப்புக்கொள்ளப்பட்டுத்தான் நிலைநின்று வருகிறது. அந்தக் கொள்கைக்குக் கீழ்நாட்டுக்கொள்கை ஒத்திருப்பதால் அவையும் குற்றமற்றதாக ஒப்புக்கொள்ளலாம். பின்னும் அநேக விஷயங்கள் அடங்கியதாயிருக்கும் ஒரு கொள்கையைப் பரிசோதனை செய்யவேண்டுமாயின் அதற்குள்ளடங்கியிருக்கும் ஒவ்வொரு விஷயத்தையும் தனித்தனியே பரிசோதிக்கவேண்டும்.

விவகாரப் பரிசோதனையைமாத்திரம் காணாது அநுபோகப் பரீக்ஷையாலும் பரிசோதிக்கவேண்டும். இவைகளைச் செய்வதற்கு முதல் காரணமாக புராதன சாஸ்திரங்களிலும் உண்மைகளிருக்குமென்கிற நம்பிக்கை வேண்டும். நம்பிக்கையில்லாவிடினும் எண்

ணமாவது வேண்டும். நவீன சாஸ்திரத்தைவிட மற்ற எவ்வகை நூலிலும் உண்மைகளிருப்பது துர்லபமென்கிற அவநம்பிக்கை பொருந்தாது. அவ்வித அவநம்பிக்கையிருக்குமாயின், பரிசோதனையில் ஏற்படும் விவகாரங்களை ஒருதலைப்பக்கமாகவும் ஒருபுரசார்பாகவும் விவகாரத்தைப்பேசத் தோன்றுமே யொழிய பாரபக்ஷமில்லாமலும் சார்பில்லாமலும் விவகாரம் நடத்தத்தோன்றுவது அபூர்வம். ஆயினும் விவரிக்கும் கொள்கை சம்பந்தப்பட்ட அளவில் இருநாட்டுக் கொள்கைகளும் அபேதமாயிருப்பதாற் விவகாரஞ்செய்து பரிசோதனைக்குட்படுத்தி விவகரிக்க அவசியமிருக்கிறதாக தோன்றாததால் விவகரிக்கயில்லை. கீழ்நாட்டுக்கொள்கைகள், மேல்நாட்டுக்கொள்கைகள் சாஸ்திரப் பரீக்ஷையை எவ்வளவு தாங்குமோ அவ்வளவு தாங்கும்.

ரோக நிதானம்.

மேல்நாட்டு முறையைப்போல சித்தர் முறையிலும் ரோகத்தை நிதானம் பண்ணுவதற்கு பலவித சிகிச்சைகளிருக்கின்றன. அவைகளாவன :—நாடிப்பரீக்ஷை, முகக்குறி, மலக்குறி, நீர்குறி, விழிக்குறி, நாவுக்குறி, தந்தக்குறி, நாடிக்குறி. இதில் நாடிப்பரீக்ஷை மிகவும் விசேஷமானதும் முக்கியமானதுமாகச் சொல்லப்பட்டிருக்கிறது. இதைப்பற்றிய சாஸ்திரம் மிகவும் விஸ்தாரமானது. நாடியின் தொகையும் மிக அதிகமாகச் சொல்லப்பட்டிருக்கிறது. அதாவது ஒவ்வொரு பாகத்துக்கும் கணக்கிட்டு மொத்தமாக (72,000) எழுபத்தீராயிரமாகச் சொல்லப்பட்டிருக்கிறது. இந்தயிடத்தில் நாடியை இரத்தக்குழாயாகத்தான் அர்த்தம் பண்ணவேண்டியதிருக்கிறது. ஏனெனில் மணிக்கட்டு (wrist) க்கு சமீபமாய் சாதாரணமாய் நாடியை இரத்தக்குழாயின்மேல் விரல்களை வைத்து அதன் துடிப்பை மூன்று விரல்களால் நிதானித்து நிச்சயம் பண்ணுகிறார்கள். ஆனால் இதே சாஸ்திரத்தில் இந்த எழுபத்தீராயிர நாடிக்குள் அடங்கியதாயும் மற்ற எல்லாவற்றையும்விட முக்கியமானதாயுமிருக்கிறதாகச் சொல்லப்பட்டிருக்கிறது சுஷுமுனை நாடி. அதன்வழியாய் மூலாதாரத்துக்குமேலிருந்து குண்டலினி சக்தியை எழுப்பிப் பிரமரந்திரத்துக்குக் கொண்டுபோகும்படி சொல்லியிருக்கிறது. இது சாதகக்கிரமம். அப்பியாசத்தின் பயிற்சியால் இதை அறியவேண்டும். தேகத்தைப் பகுத்துப்பார்க்குமிடத்து இந்நாடியை நிதானிப்பது துர்லபம். பின்னும் இது இரத்தக்குழாய்தானோவென்கிற சந்தேகமும் ஜெனிக்கிறது. இந்த நாடியை கல்கத்தா ஐக்கோர்ட் ஜட்ஜ் (High Court Judge) Sir John Woodroffe, போன்றவர்களாகிய சமஸ்கிருத தந்திர சாஸ்திரங்களில் அனேக வருஷம் உழைத்து தேற்சிபெற்ற வித்வான்கள் இந்த நாடியை தேகத்திற்குள்ளிருக்கும் எலக்டிரிக் (Electric current) வோடும் வழியாக நிதானிக்கிறார்கள். ஆகையால் பெரிய அப்பியாசிகளாயிருப்பவர்களிடமிருந்துதான் இதன் உண்மையைத் தெரியவேண்டியதாயிருக்கிறது. புஸ்தகங்களிலிருந்தாவது அல்லது புஸ்தகங்களை வாசித்து விற்பத்தியை மாத்திரம் அடைந்து அப்பியாசமில்லாதவர்களிடமிருந்தாவது இதை நிதானிக்க சாத்தியமில்லை.

நாடிப்பரீக்ஷை சாஸ்திரம் அனேகம் அழிந்து போயிருக்கவேண்டும். ஏனெனில், வியாதியின் முக்கியகாரணம் மலப்பொருளென்றுசொல்லப்பட்டிருந்த போதிலும் அனுபவத்தில் அந்த மலப்பொருள் தேகத்திலிருக்கும் வாத, பித்த, சிலேஷ்பமென்னும் பொருள்களை பேதிக்கும்படி செய்கின்றது. இவ்வாறு பேதிக்கப்பட்டிருக்கும் நிலைமையை நாடியினால் நிதானிக்கலாம். அதாவது ஒரு வியாதியஸ்தனுடைய கையில் மத்தியவிரல் மூன்று விரல்களையும் வைத்து நாடியைச் சோதிக்கும்படி சொல்லப்பட்டிருக்கின்றது, முதல் விரல், அதாவது ஆள்காட்டிவிரலில் துடிப்பது வாதமென்றும், மத்திய விரலில் துடிப்பது பித்தமென்றும் மூன்றாவது விரலான மோதிர விரலில் துடிப்பது சிலேஷ்பனமென்றும் சொல்லப்பட்டிருக்கிறது. இந்த நாடிகளுக்கு நடைகளும் குறிப்பிடப்பட்டிருக்கிறது. அவைகளுக்கு ஏற்பட்ட நடைகளிலிருந்தும் வித்தியாசப்பட்டு நடந்தால் அன்னடையை நிச்சயித்துக்கொண்டு வியாதியை நிதானஞ் செய்யும்படி விதிகள் ஏற்பட்டிருக்கின்றன. இயற்கையாய் ஆரோக்கியமுள்ள சரீரத்துக்கு ஒவ்வொரு தினத்திலும் காலை (6) ஆறுமணி முதல் (7) எழுமணி வரை வலது நாசியினாலும் (7) மணி முதல் (8) மணி வரையிடது நாசியினாலும் இவ்வாறு ஒவ்வொரு மணி நேரத்திற்கும் நாசிமாறி சுவாசம்விட்டு ஒரு நாள் இருபத்துநாலு மணி நேரத்தில் (21,600) இருபத்தோராயிரத்து அறுநூறு சுவாஸம் ஒரு ஆரோக்கிய சரீரிவிடுகிறான் என்று சொல்லப்பட்டிருக்கிறது. இதில் சில தினங்களில் வலது நாசியிலும் சில தினங்களில் இடது நாசியிலும் சுவாஸம் துவக்கும். அந்த தினங்களையும் குறிப்பிட்டிருக்கிறார்கள். இயற்கைக்கு விரோதமாய் நாசிமாறி சுவாஸம் துவக்கினால் அதுவும் வியாதிக்கு முன்குறியென்று சொல்லப்பட்டிருக்கின்றது. அந்த மாறுதலைத் திருத்திக்கொள்ளலாம். நாடிகளில் தேகத்திலிருக்கும் (72,000) எழுபத்தீராயிரம் நாடிகளில் (10) பத்து நாடிகள் முக்கியமென்று சொல்லப்பட்டிருக்கின்றது.

முக்கியமான பத்து தசநாடிகளின் பெயர்.

(1) இடகலை, (2) பிங்கலை, (3) சுழிமுனை, (4) அத்தி, (5) சிங்குவை, (6) காந்தாரி, (7) அலம்புழை, (8) புருடன், (9) குகுனி, (10) சங்குனி, ஆக பத்தும் சரி.

இவைகளில் வேற்றுமையுண்டாயினும் வியாதிக்குக்காரணம் ஏற்படும். அவரவருடைய அனுபோகத்தேர்ச்சிப்படி அந்தந்தமுறைகளை அனுசரித்து ரோக நிதானஞ் செய்யவேண்டும்; பத்து வாயுக்களும் சொல்லப்பட்டிருக்கின்றது.

பத்து வாயுக்களின் பெயர்களாவன.

(1) பிராணன், (2) அபானன், (3) வியானன், (4) உதானன், (5) சமானன், (6) கூர்மன், (7) நாகன், (8) கிரிகரன், (9) தேவதத்தன், (10) தனஞ்சயன் ஆக பத்தும் சரி.

'பிலத்து நிற்கும் பிராணனுடன் அபானன் வியானன் தத்துவகலையின் பிரியாத உதானனுடன் சமானன், கூர்மன் நலத்துகின்ற நாகன் எழில் கிரிகரனுமாகி நல்ல குணவு தேவதத்தன் தனஞ்செயன்பத்தாகும், எலக்கமுடன் பிராணநிலைமூலமதிற்றோன்றி எழுந்து சிரசளவு மூட்டி இருவிழியின் கீழாய், கலக்கமற நாசி வழிவோடும் ஈராறில் கடிகி எட்டும் உள்புகுதக் கனியும் ஒரு நான்கே.'

'உந்தியெனும் தவத்தின்கீழ் அபானனின்றுருமி மலஜலங்களையும் காத்து நிற்பன், பிந்த வியானன்தோள் தன்னி நின்று மிகக்கணையும் தகனமும் உண்டாக்கி வைப்பன், பிந்த உதானன் செயல் உண்ட அசனந்தன்னை பெருநாடி நரம்புவழி ஊட்டிவைப்பன் இந்த உடல் தனை வளர்க்கும் சமானன்தானும், எவரையும் மிஞ்சேறவொட்டா திருப்பானென்றே.'

'கூர்மன் இருவிழியில் இமைத்திடுவன் நாகன் கொட்டாவி விக்கலெனும் கொடுமை செய்வன் தீரகிரிகரன் நீட்டி முடக்கு விப்பன் தேவதத்தன் விழிப்பளவில் வசனஞ் செய்வன் யோர்மனெனும் தனஞ்செயன் மேற் சிரசு ரெண்டாய் பிளந்திடும் போதவன் ஓடிப் போவானென்றே.'

Principles and Methods of Treatment.

வாசியானது குறிப்பிட்ட தினத்தில் ஏற்பட்ட நாசிவழியாய் செல்லாமல் மாறுபட்டுச் செல்லுமாயின் அதைத் திருத்திக்கொள்ள ஒரு சிறிய அப்பியாசமிருக்கிறது. அதன் மூலமாய்த் தவறுதலாய்ப்போகும் சுவாஸத்தை இயல்பாய்ப் போகும் வழியாயாகப் போகும்படி செய்துகொள்ளலாம். இதைப்போலவே வயற்றுக்குள் புரத்தில் வியாபித்திருக்கும் வாயுக்களையும் அப்பியாசங்களால் கைவசமாக்கிக் கொள்ளலாம்.

இம்முறைகளெல்லாம் பலவித அப்பியாசிகளுக்குக்குறிப்பிட்டவை.

வாசிவா வென்று வாசியை வைத்து
வாசி யோடொன்ற வகையறி வாரிங்கில்லை
வாயோ டொன்ற வகையறி வாளர்க்கு
வாசி யோடீசன் மகிழ்ந்திருந்தானே.

முன் சொல்லிய பிரகாரம் சித்தர் நூல் கொள்கையின்படி வியாதிக்குக்காரணம் மலச் சேர்க்கை. இச்சேர்க்கையால் வாத, பித்த, ஐயநாடிகள் அளவுக்கு மிஞ்சியும் குறைந்தும் மாறுதலடைகின்றன. நாடிகளென்பது இரத்தக்குழாயின் துடிப்பு யென்பது திட்டமாய் வெளியாகின்றது.

இத்துடிப்பை மூன்று விரலை இரத்தக்குழாயின் மேல் வைத்து அதனளவைப் பரீக்ஷிக்கும்படி சொல்லப்பட்டிருக்கின்றது. சாதகப்பழக்கத்தால் இந்த அளவை நுட்பமாய்த் தீர்மானித்துக்கொண்டு அதிலிருந்தும் ரோக நிதானத்தைச் செய்யும்படி சொல்லியிருக்கிறது. இக்கொள்கையை அனுசரித்துத்தான் மருந்துகள் நிதானிக்கப்பட்டு வகுக்கப்பட்டிருக்கின்றன. அதாவது ஒவ்வொரு அணுவிலும் வெளியாகாமல் தங்கியிருக்கும் மலத்தை (Effete matter) வெளியாக்கி ஒவ்வொரு அணுவும் தன் இயற்கையான இயல்பையடையச் செய்வதுதான் மருந்தின் குணமென்று நிதானிக்கப்பட்டிருக்கின்றது. இக்கொள்கையையனுசரித்துத்தான் மருந்துகளைத் தெரிந்தெடுக்கிறார்கள். சித்தர் முறையில் உபயோகப்படுத்தும் பாஷாணங்களைப்போல வேறே எம்முறையிலும் கொடுமையான பாஷாணங்களை உபயோகப்படுத்துவதாகயில்லை. இந்தப் பாஷாணங்களிலிருந்து கணக்குக்கு அளவில்லாத உப பாஷாணங்களும் பஸ்பங்களும், செந்தூரங்களும் கட்டுகள் முதலானவைகளும் செய்யப்பட்டு பிரயோகிக்கப்பட்டு வருகின்றன. இக்கடுமையான பாஷாணங்களின் விசேஷகுணம் மாறுபட்ட அணுக்களைத்திருத்தி இயல்பு ஸ்திதியையடையச் செய்வதுதான் Allopathic வைத்தியத்தில் alternative என்று சொல்லபடும் மருந்துட்பகுதி ஒருவாறு செய்யும் வேலையும் யிதுதான். ஆனால் அம்முறையில் இவ்வகுட்பைச் சேர்ந்த மருந்துகள் மிகச்சாந்தமானவை. சித்தர் முறையில் இவைமிக்ககொடுமையானதும் சொல்ப அளவில் கொடுக்கப்பட்டதும் வியாதியை சரியானபடி நிதானித்து ஔஷதப்பிரயோகஞ் செய்தால் அதி சீக்கிரத்தில் வியாதிகளை கண்டிக்கக் கூடியவைகளாகவுமிருக்கின்றன.

இரஸம், வீரம, பூரம், லிங்கம், இரஸ செந்தூரம். மனோசிலை, மிருந்தாரசிங்கி, வெள்ளைப்பாஷாணம், தாளகம், கெந்தகம். அப்பிரகம், தீமுறுகல் பாஷாணம், கௌரிபாஷாணம் போன்ற மருந்துகள் அநேக விதங்களாய் மூலிகைகளைக்கொண்டும், செய நீர்களைக் கொண்டும், உப்புக்களைக்கொண்டும் மாற்றப்பட்டு ஔஷதங்களாக பிரயோகிக்கப்பட்டு வருகின்றன. இவைகள்யெல்லாம் விசேஷ alternative action உள்ள கடுமையான மருந்துகள். அனுபோகப்பட்ட வைத்தியர்களின் கையில் அற்புத வேலையைச்செய்யக்கூடிய சிறப்பான ஔஷதங்களாயிருக்கின்றன. இவைகளுக்கு மிஞ்சினவை எந்த வைத்தியத்திலுமில்லை. மேல் நாட்டு முறையில் Serum Therapy, Vaccin Therapy, போன்ற வியாதிச்

சிற்றுயிர்களால் உண்டாக்கப்பட்ட பதார்த்தங்கள், Bacteriological products அதிநுட்ப அளவில் எவ்வளவு ஐடுதியாயும் சீக்கிரமாயும் எவ்வளவு மேன்மையான மாறுதலை தேகத்தி லுண்டாக்கி குணத்தைச் செய்கிறதோ அதைப்போலவே இப்பாஷாணங்களும் மாறுதல் களை ஐடுதியாயும் சீக்கிரமாயும் செய்கின்றன.

இந்த முறையில் சொல்லப்பட்டிருக்கும் சிகிச்சாப்பரிகாரத்தின் விசேஷகுணம் அதி கந்தானென்பதிற் சந்தேகமில்லை அப்படியிருப்பது நியாயமென்பதற்கும் ஆக்ஷேபனையு மில்லை. எத்தனையோ நூற்றாண்டுகளுக்கு முன் சித்தர்கள் இந்த நூல்களை உண்டாக்கி யிருக்கிறார்கள். அவ்வாறு உண்டாக்குவதற்கு முன் அவர்களுக்குப்போதுமான பரிசோ தனையும் அனுபோகமிருந்திருக்க வேண்டியதுமுண்டு. அவ்வாறு இருந்திருக்கிறதாகவே தெரிகிறது. சாதாரண வியாதியஸ்தர்களை சாதாரணமாய்ப் பரீக்ஷை செய்யும்பொழுது கூட, முகக்குறி, மலக்குறி, நீர்க்குறி, விழிக்குறி, நாவுக்குறி, தந்தக்குறி, நாடிக்குறி, இவைகளையும் வியாதியஸ்தன் சரீரகுணத்தையும் கண்டறிந்து வியாதியை நிதானஞ் செய்யவேண்டுமென்று வைத்திய அப்பியாசிகளுக்குப் பிரதம சிக்ஷையாய் சொல்லப்பட்டி ருக்கிறது. ஆகையால் வியாதியஸ்தர்களின் பரிசோதனையை நுட்பமாய் நடத்தி வியாதி யைத் திட்டமாய் நிதானஞ்செய்து சிகிச்சாப்பரிகாரஞ் செய்திருக்கிறார்களே யொழிய விசேஷ பரிசோதனையில்லாமல் பிரயோகஞ் செய்ததாக இல்லை. இவ்விஷயத்தை இரண் டொரு உதாரணங்களால் விஸ்தாரஞ்செய்ய முயலுகிறேன். மேல் நாட்டார் முறைப்படி சில பிரயோகத்தையும் ஒரு ஔஷதத்தையும் எடுத்துக்கொள்வோம்.

அதாவது, வெள்ளைப்பாஷாணத்தைச் சொல்லுகிறேன். இது கடூரமான ஔஷதம். மேல் நாட்டார் முறைப்படி இதைக்கொண்டு சில ஔஷதங்கள் செய்யப்பட்டிருக்கின்றன.

ஒவ்வொன்றும் சொற்ப வித்தியாஸங்கள் உள்ளவை. இதைத் தனியாகவும் உபயோ கப்படுத்துகிறார்கள். ரஸம், Mercury, Iodide of Potassium இவைகளோடு சேர்த்து செய் யப்பட்டிருக்கும் ஔஷதங்களாகவும் உபயோகப்படுத்துகிறார்கள்.

சிலது பஸ்பமாயும் மற்றவை திராவகமாயுமிருக்கின்றன.

பாஷாணத்துக்குப் பொதுக்குணம் ஒன்றாக இருந்தபோதிலும் அதோடு சேர்க்கப் படும் ரஸம் போன்ற மருந்துகளால் அது வித்தியாஸமடைகின்றது. இவ்விதமாய் மேல் சொன்ன ஔஷதங்கள் பலவாறாகச் சேர்க்கப்பட்டு சொல்ப வித்தியாஸங்களையடைந்த வைகளாயிருக்கின்றன. இந்த வித்தியாஸங்கள் ஏற்பட்டிருப்பதால் வியாதிகளின் குணம் மாறுதல்களுக்குத்தக்கபடியும் தேக வித்தியாஸங்களுக்குத் தக்கபடியும் சீதள உஷ்ணகால வேற்றுமைகளுக்குத் தக்கபடியும் தேச ஆசாரக் கிரமங்களுக்குத்தக்கபடியும் தெரிந் தெடுத்துக் கொடுக்க ஏதுவாயிருக்கிறது. மேற்சொன்ன வித்தியாஸங்கள் அநேகம் அத துக்குத்தக்கபடி ஔஷதத்தை யுண்டாக்கிப் பிரயோகஞ் செய்வதுதான் நியாயம்.

இதுபற்றியே கீழ் நாட்டார் ஔஷதஞ் செய்யும் முறையையும் பிரயோகம் முறையு மிருந்துகொண்டிருக்கின்றன. அதாவது இந்த வெள்ளைப் பாஷாணத்தோடு மேல் நாட்டு முறையாய் ரஸம், Pot. Iodide இவைகளை சேர்த்துச் செய்யப்பட்டிருக்கும் சில ஔஷதத் தைப்போல் நல்ல பாம்பு விஷம் முதல் நாபி, ரஸம், கெந்தகம், தாளகம்போன்ற பலவகை விஷங்களையும் பாஷாணப் பொருட்களையுஞ் சேர்த்துச் செய்யப்பட்டிருக்கும் பஸ்பங்களும், திராவகங்களும், மாத்திரைகளும், எண்ணெய்களும், மெழுகுகளும் அநேகம். இதைப் போல் இன்னுமொரு உதாரணஞ் சொல்லுகிறேன். கீழ் நாட்டு வைத்தியத்தில் சடுதி யாயும் கடுமையாயும் திட்டமாயும் வியாதிகளைக் கண்டிக்கக்கூடிய கீழ் நாட்டு ஔஷதங் கள் அம்முறைப்படி செய்யப்பட்ட பஸ்பங்களும் செந்தூரங்களும் சுன்னங்களுமேயாம்.

அதாவது சொர்னம், வெள்ளி போன்ற உலோகங்களை இலேசான தகடுகளாகத் தட் டினால் காற்றில் பறக்கக்கூடியதான ரேக்குகளாகின்றன. இந்த ரேக்குகளையே தனியாக கீழ் நாட்டு முறைப்படி அன்னத்தோடு சேர்த்துச் சாப்பிடுவதால் தேகத்துக்கு வலுவுண் டாவதாக சாஸ்திரம் சொல்லுகின்றது. அதுபோலவே வடநாடுகளில் ராஜாக்களும், பாபுகளும், பிரபுக்களும் தங்க ரேக்கை உபயோகித்து வருகிறார்கள்.

மேல் நாட்டு சாஸ்திரிகளும் தங்க உப்பை தேகவலுகொடுக்கக்கூடிய ஔஷத பதார்த் தமாக ஒப்புக்கொண்டு உபயோகித்து வருகிறார்கள். இதற்காகத் தங்கஞ்சேர்ந்த உப்புக் கள் சிலதுதானிருக்கின்றன. ஆனால் கீழ் நாட்டு முறைப்படி தங்கபஸ்பம், தங்கசெந்தூ ரம், தங்கச்சுன்னம் இவை அநேகம். தங்கத்தைப் பாஷாணம், ரஸம், கெந்தகம் இவைக ளோடு சேர்த்து செய்யப்பட்டிருக்கும் ஔஷதங்களும் இன்னும் அநேகம். பின்னும தங்க பஸ்பத்தையே பலவாறு செய்யலாம். உலோகங்களிலெல்லாம் கடுமையான உலோகம் தங்கம்.

அதாவது, கடினமான இரும்பை காற்றுக்கு சம்பந்தப்படும்படி வெளியில் போட்டு விட்டால் காற்றிலுள்ள பிராணவாயு (Oxygen) அதோடு சம்மந்தப்பட்டு இரும்புத்துரு வென்ற (Oxide) ஆக்ஸைட் உண்டாகிறது. ஆனால் தனி சொர்னத்தை எவ்வளவு நாள் காற்றுக்குச் சம்பந்தப்படும்படி வைத்திருந்தாலும் காற்றிலுள்ள பிராணவாயு (Oxygen)

அதோடு சேரா சக்தியற்றதாயிருக்கின்றது. இரும்பை ஜலத்தில் போட்டால் அதி சீக்கிரம் துருப்பிடிக்கும். அதே இரும்பை (Strong Sulphuric acid) கெந்தகத்திராவகம் போன்ற திராவகங்களில் போட்டாலும் அதிசீக்கிரம் மாறுதலையடையும். ஆனால் இரும்பை இவ வாறு மாற்றக்கூடிய சக்தியுள்ள திராவகங்கள் தனித்தனியே தங்கத்தை ஒருவகையிலும் மாற்ற சக்தியற்றதாயிருக்கின்றது. (Strong Nitric and strong Hydrochloric acid) இவ் விரண்டையும் ஒன்று சேர்க்கப்பட்ட திராவகந்தான் தங்கத்தில் மாறுதல் உண்டாக்கச் சக்தியுள்ளதாயிருக்கின்றது. இந்த தங்கத்தை ஒரு பச்சை இலையை யரைத்துக் கவ சம் பண்ணியாவது அல்லது தகடாக அடித்து இன்னுமொரு பச்சை இலைச் சாறுடன் அரைத்து பில்லைதட்டியாவது புடம்போட பஸ்பமாகின்றது. கடுமையான (Strong Sulpuhric and strong Nitric acid) இவைகளால் மாறுதல்கள் உண்டாக்கக்கூடாததும் அக்னியால் எத்தனை முறை புடம் போட்டாலும் மாறுதலையடையாததுமான தங்கமா னது ஒரு பச்சையிலை சம்பந்தப்பட்ட மாத்திரத்தில் தன் வலுவை யெல்லாமிழந்து பஸ்ப மாக நீறுகின்றது.

அந்தப் பச்சையிலைக்கு இருக்கும் என்ன வலுவால் இவ்விதம் அதை மாற்றுகின்ற தென்று சொல்லத்தெரியவில்லை. இவ்வாறு செய்யப்பட்ட பஸ்பங்களுக்குத் தனித்தனி குணமாக எவ்வளவோ சொல்லப்பட்டிருக்கிறது. தங்கத்தை யிவ்விதம் பஸ்பமாக்கும் பச் சையிலைகள் அநேகம். ஒவ்வொரு பச்சை இலையால் நீற்றப்படும் பஸ்பமும் மேற்சொன்ன பாஷாண சம்மந்தமான பலவித மருந்துகளுக்கும் சொல்ப வித்தியாஸங்கள் எப்படியிருக் கின்றனவோ அவ்வாறே பஸ்பங்களுக்குமிருக்கின்றன. இவ்வித நுட்ப வித்தியாஸங்களை கொடுக்கக்கூடிய பச்சை இலைகளை பலவித நுட்பபரிசோதனைகளால் தெரிந்தெடுத்து பஸ் பங்களின் வித்தியாஸங்களையும் திட்டப்படுத்தி வியாதிக்குணங்களின் மாறுதல்களையுஞ் சொல்லிப் பிரயோக முறைகளை குறிப்பிட்டிருக்கிறார்கள். தங்கத்தை தனியாக நீற்ற லாம். அதோடு நாகம், ரஸம், வீரம், கெந்தகம் போன்றவையோடு ஒன்று அல்லது இர ண்டு மூன்று சேர்த்து பலவகையாய் நீற்றலாம். இவ்வாறு நீற்றிய பஸ்பங்களும் பல வகை வியாதிகளுக்கும் வியாதிகுண வித்தியாஸத்துக்குத் தகுந்தபடி பிரயோகிக்கத்தக்கவை. ஒரு உலோகத்தின் பஸ்பம் வெண்மையாகவாவது அல்லது சாம்பல் நிறமாகவாவது இருக் கும்.

இதற்குமேல் வலுவுள்ளது செந்தூரம். இது இருண்ட சிவப்பாகவாவது அல்லது முரு க்கம் பூ போல் துய்ய சிவப்பாகவாவது இருக்கும். இது பஸ்பத்துக்கு மேல் வலுவுள்ளது. சுன்னம் அநேகமாக வெண்மையாகத்தானிருக்கும். இது மஞ்சளில் சேர்க்கச் சுண்ணும்பு மஞ்சளை எப்படி சிவப்பாக்குகின்றதோ அதைப்போல் சிவப்பாக்கும். ஒரே லோகத்தைப் பல முறைகளால் பஸ்பம் செந்தூரம் சுன்னம் ஆக்கலாம்.

இரைப்பை நோய்கள் (Diseases of the stomach) அன்னத்துவேஷம், அஜீரணம், குன் மம் வயற்றுப்போக்கு முதலான வியாதிகளில் சித்தர் முறை அவுஷதங்கள் மேல் நாட்டு ஔ ஷதங்களை விட ஜடிதியாயும் ஸ்திரமாயும் குணஞ்செய்கின்றன. இதற்கு ஆதாரமாக நான் காண்பிக்கக்கூடியதாகிய ரிஜிஸ்டர் போன்ற பதிவுகள் என்னிடம் ஒன்றுமில்லை. என்னு டைய (20) இருபது வருஷ அனுபோகத்தைத்தான் சொல்லக்கூடியதாயிருக்கிறது Rheumatism பலவகை மேகவாதங்களில் இம்முறை மேல்நாட்டு முறையைவிட ஜடிதியா யும் ஸ்திரமாயும் குணஞ் செய்கின்றது. (Syphilitic chancre) கிரந்திப்புண், மேகம், வெட்டை, சூலை, அரையாப்பு, வாதசூலை அடங்கிய பரங்கி ரோகத்திற்கு (Syphilis in all stages) இம்முறை மேல்நாட்டு முறைக்கு மேலானது. தோல் பரப்பின்மேல் வருகிற எல்லா வகைப்பற்றுகளுக்கும் கீழ்நாட்டு மூலிகைகள் திட்டமாய் மேல்நாட்டு முறைக்கு மேலா னவை. மேல்நாட்டு முறையால் குணப்படுத்த முடியாத அநேக வருஷங்களாய் ஒட்டிக் கொண்டிருக்கும் பற்றுக்களை ஜடிதியாயும் திட்டமாயும் பச்சை இலைகள் போக்கடித்துக் குணஞ்செய்யும்.

3.—கேள்வி (a) இல்லை.

(b) (1), (2) அந்த மாதிரி விசேஷமான ஸ்தாபனங்களை நான் பார்த்ததில்லை.

(3) அனுபோகமில்லை.

போதுமான ஏற்பாடு இல்லையென்று நான் அபிப்பிராயப்படுகிறபடியால் இக்குறை களை நீக்க பின்வருமாறு ஏற்பாடு செய்யவேண்டுமென்பது என்னுடைய அபிப்பிராயம் :—

(Medical Relief) வைத்தியம்.

பொதுவாக தற்காலத்தில் சித்தர் வைத்தியமுறைப்படி வைத்தியம் செய்பவர்கள் தமிழ் வைத்தியர்களென்று வழங்குகிறார்கள். அவர்கள் பிராமணர்கள் முதல் எல்லாவித ஜாதிக் காரர்களாயுமிருக்கிறார்கள். விசேஷமாய் சர்க்கார் இங்கிலீஷ் வைத்திய ஆஸ்பத்திரிகளும் (Dispensary) டிஸ்பென்சரிகளுமிருக்குமிடங்களில்கூட இந்த வைத்தியர்களிருந்துகொண் டிருக்கிறார்கள். ஆனால், அவர்கள் செய்யும் வைத்தியத்துக்கேற்றபடி அவர்களுக்குச் சம் பாத்தியம் கிடையாது. ஆயினும் அவர்கள் முறை மிக சுலபமானதாயும் அவர்கள் பிர யோகிக்கும் ஔஷதங்கள் விலை பெற்றில்லாததாயுமிருப்பதினால் அவர்களுக்குக் கிடைக்கும்

சொல்ப சம்பாத்தியத்தை யடைந்து திருப்தியாயிருக்கிறார்கள். இவர்கள் பரம்பரையாய வைத்தியத்தைப் பெற்றவர்களாயாவது அல்லது வைத்திய அப்பியாசிகளிடம் சிலகாலமிருந்து இம்முறைகளை அப்பியாசத்தோடு கற்றுவது வந்தவர்களாயிருப்பார்கள். தற்காலத்தில் மற்ற வித்தைகளுக்கு ஏற்பட்டிருக்கும் பாடசாலைகளில் படித்தும் ஆஸ்பத்திரி முதலான இடங்களில் அப்பியாசித்துக்கற்றும் வந்தவர்களில்லை. இருந்தாலும் அநேகமாக ஒவ்வொரு கிராமத்துக்கும் ஒருவர் இருவர் இருந்து வருகிறபடியாலும் அவர்கள் அபேக்ஷிக்கும் பிரதி பிரயோஜனம் மிகச் சொற்பமாயிருந்து வருகிறபடியால் கிராமவாசிகளுக்கு மிக சௌகரியமாயிருக்கிறது. இதை மாற்றக்கூடாது. இந்த சௌகரியமிருந்துகொண்டே வரவேண்டும். ஆனால் மாற்றவேண்டியதென்னவெனில் அவர்களுக்குக் கிடைத்திருக்கும் கல்வியையும் அவர்களடைந்திருக்கும் அப்பியாஸத்தையும் மாற்றவேண்டியது அவசியம்.

அதாவது, தற்காலத்தில் வழங்கும் (L.M.P.) எல்.எம்.பி. பரீக்ஷைகொடுத்த ஒருவருடைய கல்வியையும் அப்பியாஸத்தையுமடைந்த சித்தர் முறை வைத்தியர் ஒருவரை ஒவ்வொரு கிராமத்திற்கு ஒருவர் இருக்கச்செய்ய அபேக்ஷிப்பது துர்லபம்.

அதற்குத் தகுந்த படிப்பையும் அப்பியாஸத்தையுமுள்ள ஒரு வைத்தியனை ஒவ்வொரு கிராமத்திற்கும் ஒருவன் வீதம் கொடுத்தால்தான் மேற்சொன்ன சௌகரியத்தைச் செய்துகொண்டு மேற்சொன்ன இலேசான பிரதிப்பிரயோஜனத்தையடைந்து திருப்தியுள்ளவனாய் நடந்துவருவான்.

நான் பின்னால் சொல்லப்புகும் பரீக்ஷாமுறைகளுக்கு அனுசரித்ததாக இருக்க இவனுக்கு கிராம வைத்தியரென்ற பெயரை வைத்துக்கொள்ளுவோம். இவர்கள் ஒவ்வொரு கிராமத்துக்கும் ஒருவருக்கு குறையாமலிருக்கும்படி போதுமானமட்டும் அப்பியாசிகளுக்குக் கற்பித்தும், அப்பியாசங்களை அனுபோக முறையாய்க் காட்டியும் சர்க்காராவது அல்லது முனிஸிபாலிடி, டிஸ்ட்ரிக்ட் போர்டு ஆவது தயார்செய்துவிடவேண்டும். இதற்கு அடுத்த ஸ்தானமாக (L.M.P.) எல்.எம்.பி. ஸ்தானத்துக்கு ஒத்ததாக இதைவிட அதிகம் படித்தவர்களையும் அப்பியாஸம் பெற்றவர்களையும் தயார் செய்யவேண்டும். இவர்களிலொருவர் இப்போது வழங்கும் (Dispensary) டிஸ்பென்ஸரிகளிலிருக்கும் (Sub-Assistant Surgeon) சப் அஸிஸ்டெண்டு ஸர்ஜனைப்போல சித்தர் முறை சப் அஸிஸ்டெண்டு ஸர்ஜனாக, டிஸ்பென்ஸரியிலும் வைக்கவேண்டும். இவர்களை பட்டணம் வைத்தியரென்று சொல்வோம். இவ்விதம் ஒவ்வொரு டிஸ்பென்ஸரியிலும் வைப்பது கூடாமையாயிருக்குமாயின் பொதுவாக வைத்திய கல்வியைக் கற்கும்படி செய்தாவது போதுமான ஆட்களை தயார் செய்துவிட்டால் அவர்கள் சொந்த வைத்தியத்தைச்செய்து அவர்கள் பிழைப்பை உண்டாக்கிக் கொள்வார்கள். ஜனங்களும் சௌகரியத்தையும் சௌக்கியத்தையும் அடைவார்கள். இவர்களுடைய ஸ்தானம் கிராம வைத்தியர்களுக்கு மேலானதாயிருக்கும். கிராம வைத்தியர்களால் குணப்படுத்தக்கூடாத வியாதிகளையும் அவர்களால் பார்க்கமுடியாதபடி சிரமப்படும் வியாதிகளையும் இவர்கள் பார்க்கத்தக்கதாயிருக்கும். கிராம வைத்தியர்களுக்கு கல்வி கற்குங்காலமும் அப்பியாசிக்குங்காலமும் இரண்டு வருஷகாலமாகவாவதுமிருந்தால் அவர்களுக்குக்கூட ஒரு வருஷமிருந்தால் போதும். இதற்கு மேலாக (Assistant Surgeon) அஸிஸ்டெண்டு ஸர்ஜன், (District Surgeon) டிஸ்ட்ரிக்ட் ஸர்ஜன் இவர்களுடைய ஸ்தானத்துக்கு ஒத்துமையாக நகர வைத்தியர்களிருக்கவேண்டும். இவர்கள் University Degree பெற்றவர்களாயிருக்கவேண்டும். இவர்களுக்குப் படிப்புக்காலம் 4 நாலு வருஷமாயிருக்க வேண்டும். இவர்கள் சித்தர் வைத்தியத்தை சாஸ்திர முறைப்படி நன்றாய் கற்றவர்களாகவும் எவ்வித பஸ்ப செந்தூரங்களையும் சுலபமாய் நீற்றக்கூடியவர்களாகவும் எவ்வித சிரமமான வியாதிக்கும் வைத்தியம் செய்யக்கூடிய திறமையுள்ளவர்களாகவும் ஒவ்வொரு ஜில்லா ஆஸ்பத்திரியிலும் சித்தர்முறை வைத்தியராக இருக்கவேண்டும்.

இவர்களுக்கு மேல் உயர்ந்த டிகிரி (Degree) ஒன்றுதானிருக்கவேண்டும். அதாவது (District Surgeon)க்குத் தகுதியான சித்தர் வைத்தியர் (I.M.B.) Bachelor of Indian Medicine என்று சொல்லப்பட்ட degree பெற்றவர்களாயிருக்கவேண்டும். இதற்குமேல் Degree (I.M.D.) Doctor of Indian Medicine என்ற டிக்ரியாகயிருக்கவேண்டும். இதற்கு பரீக்ஷையிருக்கக்கூடாது. (I.M.B.) degree பெற்றவர்கள் சொந்தப் பயிற்சியாலும், தேர்ச்சியாலும், விசேஷக் கல்வித் திறமையாலும், அப்பியாசத் தேர்ச்சியாலும் ஸ்தானம் பெற்றவர்களுக்கு இந்த degree பட்டத்தை (University) யூனிவர்சிட்டி அதிகாரிகள் தெரிந்தெடுத்துக் கொடுக்கவேண்டும்.

இந்தக் கிரமப்படி கல்வி கற்று அப்பியாசத்தை அடைந்தவர்களுக்கு வேறு டிஸ்பென்ஸரியாவது, ஆஸ்பத்திரிகளாவது உண்டாக்கி அதில் அவர்களை ஸ்தாபிக்கவேண்டுமென்பது அனுவசியம். தற்காலமிருக்கும் டிஸ்பென்ஸரி, ஆஸ்பத்திரி இவைகளில் அம்முறைப்படி செய்யப்பட்ட ஔஷதங்களை வைத்து எந்தெந்த வியாதிகளுக்கு எந்த முறை விசேஷப் பிரயோசனஞ் செய்யுமோ அவ்வாறு வகுத்து அவர்களைச் செய்யும்படிக்கும் எந்த வியாதியஸ்தர்கள் எதை அபேக்ஷிக்கிறார்களோ அந்த வைத்தியத்தை அவர்களுக்குச் சுலபமாய் கிடைக்கும்படி செய்துவைத்தால் போதும்.

Medical Education.

சித்தர் முறையில் ஏற்பட்டிருக்கும் நூல்கள் அளவற்றவை. ஆகையால் அவைகளில் விசேஷ தேர்ச்சி அடையவேண்டுமாயின் அநேக வருஷங்கள் செல்லும். ஆனாலும் நான் முன் சொல்லியிருக்கும் நான்கு பகுதி பரீக்ஷைக்கு வேண்டியவற்றைச் சுருங்கச் சொல்லு கிறேன். இரண்டு வருஷத்திய படிப்பான முதல் வகுப்புக்கு முதல்வருஷம் உடற்கூறு சாஸ்திரம், வைத்திய சாஸ்திரத்துக்கு அத்தியாவசியமானதும் ஆதாரவானதுமாயிருப்பதால் அதைச் சுருக்கமாய்க் கற்பிக்கவேண்டும்.

உடற்கூறு சாஸ்திரமென்றால் (Anatomy) மாத்திரமில்லாமல் தொழில் கூறுகளைச் சொல்லும் Physiologyயும் சேர்த்து கற்பிக்கவேண்டும்.

பின் பதார்த்த குண சிந்தாமணியைச் சுருக்கமாய்ச் சொல்லிவைக்கவேண்டும். அதாவது மூலிகைகளில் முக்கியமானவற்றையும அவைகளின் தனிக்குணங்களையும், அவைகளைப் பகுத்தறியும் விவரங்களையும், அவைகள் கிடைக்கக்கூடியிடங்களையும் பொதுவாகச் சொல்லி அவைகளின் குணங்களையும் உபயோகத்தையும் கற்பிக்கவேண்டும்.

பின் அம்மூலிகைகளை பச்சையாகவோ அல்லது மற்ற ஔஷதங்களோடு சேர்த்து சூரணம், லேகியம், கிருதம், தைலஞ் செய்யும் விதங்களையும் அல்லது நீற்று முறைகளுக்கு உபயோகப்படுத்தும் விதங்களையும் சுருக்கமாய்ச் சொல்லி வைக்கவேண்டும். பின் சித்தர் முறையில் உபயோகப்படும் முக்கியமான உப்புகள். உலோகங்கள், பாஷாணங்கள் இவைகளைப்பற்றிய சாஸ்திரத்தைச் சுருக்கமாகச் சொல்லி வைக்கவேண்டும்.

இது மிக விஸ்தாரமான சாஸ்திரம். இதிலடங்கிய விஷயங்களும், செய்முறை நுட்பங்களும் மிக விசேஷமானவை. ஆகையால் முக்கியமான விஷயத்தை மாத்திரம் தெரிந்தெடுத்து கற்பிக்கவேண்டும்.

அதாவது, பாஷாணங்களைப் பொதுவாய் பகுத்தறியும் விதங்களையும் அவைகளிலிருந்து செய்யக்கூடிய சுலபமான பஸ்ப செந்தூரங்களையும் சாதாரண உப்புகளில் செய்யக்கூடிய ஔஷதங்களையும் சாதாரண லோகங்களில் நீற்றக்கூடிய சுலபமான பஸ்பங்களையும் சொல்லி வைக்கவேண்டும்.

பின் இவைகளை ஒன்றோடொன்று இலேசாகச்சேர்த்து செய்யக்கூடிய பஸ்ப செந்தூரங்களையும் சுலபமான சூரணம், கிருதம், தைலம் முதலானதுகளையும் சொல்லி வைக்கவேண்டும்.

முதல் வகுப்பு, இரண்டாவது வருஷத்திய படிப்பு.

இதில் வைத்திய சாஸ்திரத்தையும், ஔஷதப் பிரயோக முறைகளையும் விசேஷமாய்க் கற்பிக்கவேண்டும். சித்தர் முறையில் இந்த விஷயங்களை விஸ்தாரமாய் சித்தர்கள் சொல்லியிருக்கிறார்கள். அவைகளிலிருந்தும் சுலபமான முறைகளை மாத்திரம் தெரிந்தெடுத்துக் கற்பிக்கவேண்டும்.

அதாவது, ஒரு வியாதியை எடுத்துக்கொண்டு சித்தர் முறைப்படி அதை நிதானிக்கும் விதம், முகக்குறி, மலக்குறி, நீர்க்குறி, விழிக்குறி, நாவுக்குறி, தந்தக்குறி, சுவாஸக்குறி, நாடிக்குறி போன்ற வியாதிக்குறிகள் மூலமாய் வியாதியை நிதானஞ் செய்யும் விதங்களையும், வியாதிக் குணங்களையும் அவைகளுக்கேற்ற ஔஷதங்களைப் பிரயோகஞ் செய்யும் முறைகளையும் விசேஷமாய் இந்த வருஷத்தில் சொல்லி வைக்கவேண்டும். அதாவது சாஸ்திரத்தை இவ்வாறு கற்பிப்பதோடு வியாதியஸ்தர்களைப் பரிசோதிக்கும் முறை, வியாதிகளுக்கு ஔஷதம் பிரயோகஞ் செய்யும் முறை, பத்தியங்கள் கொடுக்கும் முறைபோன்ற பலவகை அனுபோக முறைகளையுஞ் சொல்லிவைக்கவேண்டும்.

ஆகவே இதுவரையில் உடல்கூறு (Anatomy), தொழிற்கூறு (Physiology), பதார்த்த குணம் (Materia Medica), வியாதி சாஸ்திரம் ஔஷதப் பிரயோக முறை (Medicine) இவைகள் இதுவரை கற்றறிருக்கும். இனி பஸ்ப செந்தூரம் முதலிய விசேஷ ஔஷதங்களைச் செய்யுமுறைகளை மிக கவனத்தோடும், நுட்பத்தோடுங் கற்பிக்கவேண்டும்.

இம்முறைகளில் சொற்ப குற்றங்களேற்படினும் பெரிய துர்க்குணஞ் சம்பவிக்கும்.

அதாவது, நீற்றும் முறையில் சொல்ப தவறுதலேற்பட்டாலும் குற்றமற்ற பஸ்பம் வாய்க்காது. வாய்க்காத பஸ்பத்தை பிரயோகித்தால் விசேஷ துர்க்குணஞ் சம்பவிக்கும்.

இதைப்போலவே பிரயோக முறையிலும் அனுபான தவறுதலாலும், பத்தியப் பிழைகளாலும் விசேஷ துர்க்குணஞ் சம்பவிக்குமாதலால் முதலாவது வகுப்பின் கடைசி பாகத்தில் இப்பயிற்சியை வைத்துக்கொள்ளவேண்டும். இதிலொருவன் தேர்ச்சியடைவானாகில் அவனுக்கு வைத்தியஞ் செய்ய பத்திரங்கொடுத்து வைத்தியஞ் செய்யவிடலாம்.

இரண்டாவது வகுப்பு, முதல் வருஷத்து படிப்பு.

இதில தேர்ச்சியடைந்து பத்திரம் பெறுகிறவர்கள் தற்காலத்துக்கு L.M.P. பட்டம் வாங்குகிறவர்களுக்குச் சமானமாயிருக்கவேண்டும். இப்படிப்பை அப்பியாசிக்க வருகிறவர்கள் ஆங்கிலேய பாஷையில் School Final வகுப்புவரை படித்தவனாகவாவது இருக்கவேண்டும். அதனுடன் தமிழ் பாஷா ஞானமும் அவசியம். இப்பயிற்சியில் முறைகளெவ்வளவும் மேல்நாட்டு முறையாயும், விஷயங்களெவ்வளவும் கீழ்நாட்டு விஷயங்களாகவுமிருக்கவேண்டும்.

அதாவது, உடல்கூறு சாஸ்திர விஷயத்தில் மேல்நாடு கீழ்நாடு என்ற வித்தியாசமில்லை. ஆகையால் உடல்கூறு சாஸ்திரத்தை மேல்நாட்டு முறைப்படியே கற்பித்தல்வேண்டும். பதார்த்தகுணம் அவ்வளவையும் மேல்நாட்டு Materia Medica என்னும் சாஸ்திரம் எவ்விதஞ் சொல்லிவைக்கப்படுகிறதோ அந்த விதம் சொல்லிவைக்கவேண்டும். அதோடு முன் சொன்ன முதல் வகுப்பில் சொல்லிய செந்தூர முறைகளை இன்னும் விசேஷமாய்ச் சொல்லிவைக்கவேண்டும். இதோடு ஆஸ்பத்திரிப் பழக்கமுமிருக்கவேண்டும். பின்னும் சித்தர் முறை பதார்த்தகுணங்களை இங்கிலீஷ் பாஷையில விவரித்துச் சொல்லும புஸ்தகங்கள் அநேகமிருக்கின்றன. அவைகளையே பாடபுஸ்தகங்களாக வைத்து கற்பிக்கலாம். மற்ற பஸ்ப செந்தூரங்களைத் தமிழில் கற்பிக்கவேண்டும். ஆனால் கற்பிக்கும் முறை இங்கிலீஷ் முறையாயிருக்கவேண்டும்.

இரண்டாவது வகுப்பு, இரண்டாவது வருஷத்து படிப்பு.

இரண்டாவது வருஷத்தில் வைத்திய சாஸ்திரத்தைத் துவக்கவேண்டும். இதில் நான் முன் சொன்னதுபோல நூல் சித்தர்நூலாகவும், முறை மேல்நாட்டு முறையாகவுமிருக்கவேண்டும். முதல் வகுப்புக்கு ஏற்பட்ட பயிற்சி எவ்வளவோ அதற்கு விஸ்தாரமாய் இவ்வகுப்புக்கிருக்கவேண்டும். அதாவது வியாதிக்குணங்கள் முதலான விஷயங்களை சித்தர் நூலில் சொல்லியபடி மேல்நாட்டு முறையாய் எழுதப்பட்டிருக்கும் புஸ்தகங்கள் இதற்கு பாட புஸ்தகங்களாயிருக்கவேண்டும். இதோடு வைத்திய சாஸ்திரத்தில் விசேஷ ஞான வித்பத்தியின் பொருட்டு மேல்நாட்டு வைத்திய சாஸ்திரத்தையும் மேல்நாட்டுப் பாட புஸ்தகங்களின் மூலமாகவே கொஞ்சம் கற்பிப்பது உசிதம்.

இரண்டாவது வகுப்பில், மூன்றாவது வருஷம்.

இவ்வருஷத்தில் சில விசேஷ படிப்பை கற்பிக்கவேண்டும்.

அதாவது, கண் ரோகம் போன்ற விசேஷ வியாதிகளைச் சொல்லும் நூல்களைக் கற்பிக்கவேண்டும். அதோடு ஔஷதங்களிலே மேல்நாட்டில் Specifics என்று சொல்லப்பட்ட ஔஷதங்களுக்கு ஒத்துமையாக சில விசேஷ ஔஷதங்களிருக்கின்றன. அதாவது Digitalis என்னும் ஔஷதமானது எப்படி (Heart) ஹிருதயத்தைத் தொட்டு அதில் குணத்தையுண்டாக்குகிறதோ அதைப்போல தேகத்துக்குள்ளடங்கியிருக்கும் ஒவ்வொரு அவயவங்களைத் தனித்தனியாகத் தொட்டு அவ்வவயவங்களில் குணங்களைச் செய்யும் விசேஷ ஔஷதங்களிருக்கின்றன. இந்த ஔஷதங்களின் விசேஷ குணங்களையும் விசேஷ பிரயோக முறைகளையும் விசேஷ குணங்களையடையும்படி விசேஷ நீற்றுமான முறைகளையும் கற்பிக்கவேண்டும்.

அதாவது பீத ரோகணி யென்பது		...	கண் ரோகங்களுக்கும்,
கல்நாறென்பது	...	...	தந்த ரோகங்களுக்கும்,
தாளகமென்பது	...	...	சுவாஸாசய ரோகங்களுக்கும்,
நாகமென்பது	...	...	மூல ரோகங்களுக்கும,
ரஸமென்பது	...	...	பல துர்நீர்களுக்கும்

பாஷாணங்கள் கொடிய விஷ ஜுரங்களுக்கும் விசேஷ ஔஷதங்களாய்ச் சொல்லப்பட்டிருப்பதோடு இவைகளைப் பிரயோகிக்கும் விசேஷ முறைகளும் இவைகளை நீற்றும் விசேஷ வழிகளும் இருக்கின்றன.

இவைகளைத் தெரிந்தெடுத்து கற்பிக்கவேண்டும். ஜில்லா ஸர்ஜனு (District Surgeon) க்கு ஒற்றுமையாக இருக்கும் நகர வைத்தியர்களின் படிப்பு, இது நாலு வருஷகாலமாயிருக்கவேண்டும். இக்காலத்தில் கற்பிக்கவேண்டிய விஷயங்களையும், இவர்கள் கொடுக்கவேண்டிய பரீக்ஷைகளையும் சொல்லுகிறேன். இதைக் கற்பிக்கிறவர்கள் ஆங்கிலேய பாஷையில் (Intermediate Examination) பரீக்ஷையாவது கொடுத்திருக்கவேண்டும். இவர்களுடைய படிப்பும் பயிற்சியும் மேல் நாட்டு கீழ் நாட்டு முறைகள் இரண்டையுங் கலந்திருப்பதோடு இவ்விரண்டு நாட்டு சாஸ்திரங்களையுஞ் சேர்ந்ததாகயிருக்கவேண்டும். அதாவது முன்சொன்ன படிப்பில் சித்தர் முறை வைத்தியத்தை மேல் நாட்டு முறையாகக் கற்பிக்கவேண்டுமென்று சொன்னேன்.

இந்தப்படிப்பில் மேல் நாட்டு சாஸ்திரங்களையுங் கற்பிக்கவேண்டும். கீழ்நாட்டு சாஸ்திரங்களையும் மேல்நாட்டு முறையாகக் கற்பிக்கவேண்டும்.

இந்த படிப்புக்கு நாலுவருஷம் குறிப்பிட்டிருக்கிறேன்.

மூன்ருவது பாகத்தில் முதல் வருஷம் I.M.B.

முதல் வருஷத்தில் ஆஸ்பத்திரி பழக்கமிருப்பதோடு (Anatomy, Physiology, Chemistry, Materia Medica) இந்த நாலு சாஸ்திரங்களையும் மேல் நாட்டு முறைப்படியே கற்பிக்கவேண்டும். இந்த சாஸ்திரம் கற்பிப்பதில் விசேஷமான சிறு நுட்பங்களை கற பித்து அவைகளையெல்லாம் ஞாபகத்தில் வைக்கும்படி மாணுக்கர்களை வற்புறுத்தாமல் இந்த சாஸ்திரங்களின் விசேஷ விஸ்தார ஞானத்தை உண்டாக்கக்கூடிய விஷயங்களையும், இந்த சாஸ்திரங்களிலடங்கியிருக்கும் நுண்ணிய பரிசோதனு முறைகளையும் விசேஷமா யெடுத்து கற்பிக்கவேண்டும்.

அதாவது, இந்த சாஸ்திரங்களின் ஞாபகத்தில் வைக்கவேண்டிய Detailsகளை கற்பித்து காலதாமதம் செய்து ஞாபக சக்தியை வற்புறுத்தாமல் பொதுக்கொள்கைகளை (General principles) நன்ருய்க் கற்பித்து பரிசோதனு முறைகளில் விசேஷ ஞானத்தை உண்டாக்கி அம்முறைகளின் வழிகளையும் நன்ருய் சாதகபூர்வமாய்க் கற்பிக்கவேண்டும். (Methods of research) இம்முறைகளை நன்ருய்க கற்பிக்கவேண்டும்.

மூன்ருவது பாகத்தில் இரண்டாவது வருஷத்து I.M.B. படிப்பு.

இந்த வருஷத்தில் சித்தர் முறைப்படி ஏற்பட்டிருக்கும் ஔஷதங்களின் குணங்களை மேல்நாட்டுவழியாக கற்பிக்கவேண்டும்.

இவ்வாறு ஔடதங்களுக்கு யேற்பட்டிருக்கும் தனிக்குணங்களைக் கற்பித்தபின் அவைகளிலிருந்தும் செய்யக்கூடும் ஔடதங்களின் குணங்களையும், அவைகளைச் செய்யும் முறைகளையும் கற்பிக்கவேண்டும்.

அதாவது, வெள்ளைப்பாஷாணம் போன்ற ஒரு பாஷாணமிருந்தால் அதனுடைய தனிக் குணத்தை முதலில் கற்பிக்கவேண்டும்.

பின் அதைக் குளிகையாக்கியோ அல்லது கட்டுக்கட்டியோ மற்றும் எவ்வகையாகவோ பிரயோகிக்கும் வழிகளைக் கற்பிக்கவேண்டும்.

மேல் அதை பஸ்பமாக்கு முறைகளையும், அதோடு இன்னும் பாஷாணங்களையோ அல்லது மூலிகைகளையோ அல்லது நல்லபாம்பு விஷத்தைபோன்ற விஷங்களையோ சேர்த்துச் செய்யும் ஔஷதங்களைக் கற்பிக்கவேண்டும். பின் மேல் நாட்டு முறையால் சிங்கோனு (Chinchona) பட்டையிலிருந்து கொயினுவையும், எட்டிக்கொட்டையில் இருந்து (Strychnine) யையும், அபினியிலிருந்து Morphine, Codeine முதலிய அனேக பொருள்களையும் எவ்விதம் பகுத்து எடுக்கிருர்களோ அவ்விதம் பச்சை இலை மூலிகைகளில் ஔடதங்களாக உபயோகப்படுத்துகிறவைகளை எடுத்துக்கொண்டு அவைகளில் இவ்விதமான சத்துப் பொருள்கள் என்னென்ன விருக்கின்றன வென்பதை பரிசோதனைகளால் கண்டுபிடிக்கக் கூடிய வழிகளைத் தெரிந்தெடுத்துக்கொண்டு பரிசோதனை செய்வதற்கு வேண்டிய திறமையை உண்டாக்கிவைக்கவேண்டும். பின்னும் முன் சொன்ன தங்கமானது Aqua Regia யென்னும அக்கினி திராவகச் சேர்க்கையால்தான் உப்பு (Salt) ஆக மாறும். கீழ்நாட்டு முறைப்படி சில பச்சை இலைகளின் சாற்ருல் (Salt) ஆக மாற்றலாம். இவ்வளவு சுலபமாக மாற்றக்கூடிய யென்னபொருள் அந்த பச்சை இலைக்குள்ளிருக்கிறதென்பதை பகுத்து அறியக்கூடிய திறமையை உண்டாக்கிவைக்க வேண்டும். பின்னும் ரசம், தாளகம், பூரம், வீரம், வெள்ளைப்பாஷாணம் இவைகள் அக்கினியில் போட்டால் புகைந்துபோய்விடும். ஆனல் சில முறையாய் பச்சை இலைச்சாறுகளை இவைகளுக்கு சுருக்குக்கொடுக்கிறதினுலும் இன்னும் சில முறைகளாலும் இவைகளை தீயில்போட்டபோதிலும் அவ்வாறு புகையாமல் போகாதபடி செய்துகொள்ளலாம். இவைகளுக்குப் பெயர் கட்டு என்று சொல்வது. இவ்வாறு கட்டின சாக்குகள் தங்களுடைய தனிக்குணத்தை இழந்துபோகிறதில்லை. இவ்வாறு கட்டின சரக்குகளை வியாதிகளுக்கு பிரயோகிக்கலாம். இவ்வாறு கட்டின சரக்குகளோடு மூலிகைகளைச் சேர்த்து பஸ்பம், செந்தூரம், சுன்னங்கள் செய்யலாம். பச்சை இலைகளில் இருக்கும் என்ன பொருள்கள் இவ்வித மாறுதல்களை உண்டாக்குகின்றனவென்பதை அறிய சக்தர்களாகச் செய்யவேணடும்.

சித்தர் முறையிலே, மூலிகைகள் இவ்வாறு மாறுதல்களைச் செய்கிறதற்கு மேலாக, ஜெந்துக்களிலிருந்து யெடுக்கும், பலவித செயநீர்களும், ஊன்களும் விசேஷ வலுவுள்ளவை. இதை மேல்நாட்டுச் சாஸ்திர முறையாய் ஆர்கேனே திரப்பி (Organo-Therapy) என்னும் வகுப்பில் உபயோகிக்கும் சீர(Serum)ங்கள், வாக்ஸீன்கள் (Vaccines), பல அவயவங்களின் சத்துக்கள் (Extract Pancreas), (Extract Thyroid Gland) இவைகளைச் செய்யும் முறைகளை அனுசரித்து சித்தர் முறையில் மிகவும் சுருக்கமாயும், மறைபொருளாயும் வைக்கப்பட்டிருக்கும் பலவித நீர்களை இவ்வித நீற்றுமானங்களுக்கு உபயோகப்படுத்தும் முறைகளில் தேர்ச்சியுடையவர்களாக ஆக்கவேண்டும்.

இந்த நீர்களிலிருந்து எடுக்கும நயமான உப்புகள் லோகங்களிலிருந்து எடுக்கப்படும் சத்துக்களில் சேர்த்து சில ஔடதங்கள் செய்யப்படுகின்றன. அவைகளைச் செய்யும் முறைகளையும் கற்பிக்கவேணடும்.

மூன்றாவது பாகத்தில், மூன்றாவது வருஷத்திய படிப்பு.

இந்த வருஷத்தில் வைத்திய சாஸ்திரத்தையும் ஔஷதப் பிரயோக முறைகளையும் மேல் நாட்டு முறைப்படிக் கற்பிக்கவேண்டும். இது முன்வருடங்களில் எவ்வாறு ஆஸ்பத்திரிப் பழக்கம் உயர்ந்துவருகிறதோ அவ்வாறே இந்த வருடத்திலும் தொடர்ந்துவரவேண்டும். ஆனால் ஔஷதப்பிரயோக முறைகளில் விசேஷப்படிப்பைக் கற்பித்து சித்தர் முறை ஔஷதங்களை உபயோகப்படுத்துவதற்குத் தயாராக்கப் படுவதோடு மேல்நாட்டு ஔஷதங்களையும் தனித்தனியே எடுத்துக்கொண்டு ஒவ்வொரு வியாதிக்கும் மேல்நாட்டு ஔஷதங்களை முதலில் குறிப்பிட்டு பின் சித்தர் முறை ஔஷதங்களைக் குறிப்பிட்டு தேர்ச்சி அடையச்செய்யவேண்டும். வியாதி நிதான முறையில் மேல் நாட்டுமுறை சுலபமானது. ஆகையால் அதை தெளிவாகவும், நுட்பமாகவும் கற்பிக்கவேண்டும்.

சித்தர் முறையில் வியாதி நிதானிக்கு வழி கடினமாகவும் சுலபமாய் நிதானிக்கக்கூடியதல்லாததாகவுமிருக்கிறது. ஆகையால் கீழ் நாட்டு முறைகளை மேல்நாட்டு வழிப்படி திருத்திக்கொண்டு கற்பிக்கவேண்டும்.

முன் சொல்லியிருக்கும் அநேக வியாதிக்குறிகளில் நாடிக்குறி மிகவும் கடினமான பாகம். ஒழுங்காக நாடி சாஸ்திரத்தை முழுவதும் கற்று அதன் முறைகளின்படி வியாதிகளை நிதானஞ்செய்து ஔஷதப் பிரயோகஞ்செய்வது மேலான வைத்தியமாக யேற்படும். ஆனால் நாடி சாஸ்திரம் மிக விஸ்தாரமானதும், நுட்பமானதும், கடினமானதுமாக யிருக்கிறபடியால் நாடி சாஸ்திரத்தில விற்பன்னரும், அப்பியாசத்தில் தேர்ந்தவர்களுமானவர்கள்தான் இந்த சாஸ்திரத்தை விவரமாய்க் கற்பிக்கமுடியும்; நாடிப் பரீக்ஷை இல்லாமலே வியாதி நிதானஞ்செய்யலாம். ஆனால் விசேடத்தேர்ச்சி அடைந்தவர்கள்தான் இவ்வாறு நிதானிக்க வல்லவர்களாயிருக்கிறார்கள். இந்த சாஸ்திரத்தில் அநேக நூல்கள் எழுதப்பட்டிருக்கின்றன. இந்த சாஸ்திரத்தையும், இந்த அப்பியாச முறைகளையும் அப்பியாசித்து வியாதியை நிதானித்து வைத்தியத்தில் வல்லவர்களாயிருப்போர்கள் நாளுக்கு நாள் குறைவுபெற்று வருவதாலும், இந்த சாஸ்திரங்களின் பரிபாஷை அழிந்துவிட்டபடியாலும், இந்த சாஸ்திரத்தின் தற்காலங்கிடைக்கும் நூலை வியக்தமாய் அர்த்தப்படுத்திக் கொள்ள மார்க்கமில்லாமலிருந்துகொண்டிருக்கிறது. மேல்நாட்டு சாஸ்திரப்படி நாடி நிதானத்தை நன்றாய்க் கற்றுத் தேர்ச்சியடைந்தவர்களைக் கொண்டு கீழ்நாட்டு நாடி சாஸ்திரங்களின் விஷயங்களை வியக்தப்படுத்தி அர்த்தத்தை தெளிவாகச் செய்தாலன்றி இந்த சாஸ்திரங்களின் விஷயமும் பொருளும் அறியப்படாமல் மறைவுபட்டிருக்கும்.

மூன்றாவது வகுப்பு, நான்காவது வருஷத்துப் படிப்பு.

இந்த வருடத்தில் இதுவரையில் சொல்லிவைக்கப்பட்ட முறைகளால் செய்யப்பட்ட ஔஷதங்களைப் பிரயோகப்படுத்தும் வழிகளையும் வியாதிகளைத் திடமாய் நிதானம் செய்யும் வழிகளையும் கற்பிக்கவேண்டும்.

அதாவது, மேல் நாட்டு சாஸ்திரமாகிய Medicine என்னும் சாஸ்திர புஸ்தகங்களைப் பாடமாக வைத்து அந்த சாஸ்திரத்தின் முறை முதலானவைகளை நன்றாய்க்கற்பித்து வியாதி நிதானிக்கும் வழிகளை மிகவும் தெளிவாய் அறியும்படிசெய்து ஆஸ்பத்திரி பழக்கத்தையும் பரிஷ்காரப்படுத்தி வைத்துக்கொள்ளவேண்டும்.

அதன்மேல் நுண்ணிய அவயவங்களின் வியாதிகளையும், அதாவது கண், காது, மூக்கு, தொண்டை இவைகளின் வியாதிகளையும், சிசு வைத்தியத்தையும், இலேசாக கற்பித்து வைத்துக்கொண்டு பின் சித்தர் முறை ஔஷதங்களை பிரயோகிக்கும் முறைகளை கற்பிக்கவேண்டும். மூன்றாவது வருடத்தில் கற்றிருக்கும் முறைகளின்படி செய்யப்பட்டிருக்கும் ஔஷதங்களை, காலம் தேசம்போன்ற வித்தியாசங்களையெல்லாம் அனுசரித்து தேக வித்தியாசத்தை யுணர்ந்து உணவுகளின் பொருத்தத்தையும் கவனித்து பத்தியங்களை நுட்பமாக அனுசரிக்கச்செய்து ஆஸ்பத்திரிகளில் வியாதியஸ்தர்களுக்கு ஔஷதங்களை பிரயோகிக்கும்படி செய்து வியாதியஸ்தர்களுக்கு வைத்தியம் நடத்தும் பழக்கத்தையும் உண்டாக்கி வைக்கவேண்டும.

இவ்வாறு ஏற்படும் பழக்கத்தினாலும், கற்பிக்கப்பட்டிருக்கும் சாஸ்திர விசாரணையின் தேர்ச்சியினாலும், பின் வைத்தியம் செய்யவும் சித்தர் முறை நூல்களின் உண்மைகளை அறிந்து மேல் பரிசோதனைகளால் அம்முறையிலுள்ள விஷயங்களை அறிய ஞானமும் யேற்படவேண்டும்.

Original Investigation research இவைகளைச் செய்ய தைரியமும், ஞானமும், இவ்வருஷத்திலேயே உண்டாக்கப்படவேண்டும். சித்தர் முறைநூல்கள் அளவற்றிருக்கின்றன. அவைகளில் அநேக உண்மைகள் மிக ரகசியமாகவும் மறைபொருளாகவும் வைக்கப்பட்டிருக்கின்றன. அவைகளையெல்லாம் புத்தி நுட்பத்தாலும், அனுபோகத்தாலும் அறிந்து அவைகளை பரிசோதனைகளால் பரிஷ்காரப்படுத்திக்கொண்டு தெளிவாய் அறிய இப்பொழுதே சக்தி உண்டாக்கி வைக்கவேண்டும். சித்தர் நூல்களின் பல கொள்கை

கள் மேல் நாட்டு சாஸ்திர கொள்கைகளுக்கு ஒத்தில்லாமல் இருக்கின்றன. அவைகள் உண்மையோ, அல்லது அல்லவோ என்பதை பலவித பரீக்ஷைகளாலும், சோதனைகளாலும் அறியவேண்டும். அவ்விதம் சோதனைகளையெல்லாம் நுட்பமாயும் மிக சிரமத்தோடும், வேண்டிய சாதனங்களை சௌகரியப்படுத்திக்கொண்டு மனதின் அமைதியோடு பலதரம் பரிசோதனைகளை நடத்தி இவ்விஷயங்களிலுள்ள மேல் நாட்டு, கீழ் நாட்டு கொள்கைகளின் வித்தியா வித்தியாசங்களை நிதானித்து எது உண்மை, எது உண்மை அல்ல என்பதைத் தீர்மானிக்கவேண்டும்.

கேள்வி 4.—(a)(1) மாணுக்கர்கள் முதல்தரமான தேர்ச்சியும் அனுபவமுமுள்ள உபாத்தியாயர்கள் நேராகவோ மாணுக்கர்களுக்கு சிக்ஷைசொல்லி கற்பிக்கவேண்டியது அவசியம்.

சித்தர் நூல்களில் உபயோகப்படுத்தியிருக்கும் பாஷை சுலபமாய் அர்த்தப்படுத்திக் கொள்ளக்கூடியதாயிருந்தபோதிலும் சில ஔஷதப் பெயர்களையும், மூலிகைகளின் பெயர்களையும் மற்றும் மறைவாய் வைத்திருக்கும் சில பொருள்களின் பெயர்களையும் குருவினிடத்திலிருந்துதான் பெறவேண்டியதாயிருக்கும். மேலும், ஔஷதங்களை உண்டாக்கிக் கொள்வதிலும் சில நுட்பங்களுண்டு. அவைகளையும் குருதான் சொல்லிவைக்கவேண்டியதாயிருக்கும். ஆகையால், இந்நூல்களிலே செய்பாக கைபாகத்தேர்ச்சி வேண்டுமென்று சொல்லப்பட்டிருக்கிறது. இவைகளுக்கு, குருவினுடைய நேர் சிக்ஷை அத்தியாவசியம்.

(2) ஆமாம். அவ்வாறு இருக்கவேண்டியது அவசியம், ஆஸ்பத்திரி அனுபவம் வேண்டுமென்பதைப்பற்றி முன்னமே சொல்லியிருக்கிறேன். லாபொரேடரி (Laboratories) ரசாயன பரீக்ஷை சாலைப்பழக்கமும் அத்தியாவசியமென்பது இதுவரை நான் சொல்லியிருப்பதிலிருந்தும் நன்ருய் விளங்கும். பலவித நீற்றுமானத்துக்கு வேண்டிய பொருள்களும், குருவும் ஜெயநீர்களுமில்லாமல் முடியாது என்பது நன்ருய் விளங்கும்.

இதைப்போலவே இன்னும் அத்தியாவசியமானது மூலிகைகள், கிழங்குகள், கொடிகள், ஜலத்தில் விளைகிற மூலிகைகள், கிழங்குகள் இவைகள் உண்டாகக் கூடிய குட்டங்களடங்கிய காடுகளும், தோப்புகளும் இன்றியமையாத அவசியத்தில் ஒன்று.

இவைகளில் உண்டாகக்கூடிய மூலிகைகளைத்தவிர, கடலோரம், நதியோரம், மலையோரம், உவர்நிலங்கள், புஞ்சை நிலங்கள, மலையுச்சி இவைகளில்தான் உண்டாகக்கூடிய இன்னும் அனேகவித மூலிகைகளும், கிழங்கு முதலானவைகளுமிருக்கின்றன. அவைகளை தெரிந்தெடுத்து காண்பிக்கக்கூடிய உபாத்தியாயர்களும்வேண்டும. அவர்கள் இவ்விடங்களுக்கு மாணுக்கர்களை அழைத்துப்போய் இவைகளைக் காண்பிக்கவேண்டுவது அவசியம். சாஸ்திரங்களை சௌகரியம்பண்ணி வைத்திருக்கும் வீட்டு புஸ்தகசாலைகளும், பொருள் காட்சிகளும் அவசியமாய் வேண்டுவன.

(3) ஒரு சித்தர் யெழுதியிருக்கும் நூல்களைப் படித்து அவர் முறைகளை அப்பியாசித்து அவர் சொல்லியிருக்கும் ஜெயநீர், குரு முதலானவைகளைச் செய்தும், நீற்றுமானங்களை முடித்துக்கொள்வது ஒரு புருஷாயுஸில ஆசாத்தியம். ஆயினும் தேர்ச்சியை உத்தேசித்து சில சித்தர்களின் முக்கிய முறைகளை மாத்திரம் கற்றுணர்ந்து, அப்பியாசிப்பதுதான் கூடியதாயிருக்கிறது. ஆதலால், பரீக்ஷிக்கக்கூடியதற்கும, பரிசோதனை செய்வதற்கும் நூதன பரீக்ஷை செய்வதற்கும் போதுமான யிடமிருக்கிறது. சாவகாசந்தான் வேண்டும், உபாத்தியாயர்களுக்கு அப்பேற்பட்ட சாவகாசம் கொடுப்பது உசிதந்தான்.

இல்லை. இதுவரை நான் சொல்லிவரும் சாதனங்களோடு யாதொரு ஸ்தாபனமும் எனக்கு இருக்கிறதாகத் தோன்றவில்லை.

(b) (1) இந்த லக்ஷியம் மட்டுக்கு மிஞ்சியதென்ருவது அசாத்தியமென்ருவது நான் நினைக்கவில்லை. இந்த லக்ஷியம்தான் சரியானதும், அத்தியாவசியமானதும் என்பது தெளிவான விஷயம். ஆயினும் அதை அடைவதற்கு போதுமான சாதனங்களில்லாததின் பொருட்டு அதற்குப் பதிலாக முதல் லக்ஷியமாகப் பின்வருவதை நான் சொல்லுகிறேன். சித்தர் நூலில் தேர்ச்சியடைந்த வைத்தியர்கள் அனேகர் இருக்கிருர்கள். அவர்களுக்கு மேல்நாட்டு வைத்திய முறைகளாவது சாஸ்திர பரிச்சியமாவது கிடையாது. ஆனாலும் சித்தா நூலில் சாதாரண தேர்ச்சியும் அனுபவ பயிர்ச்சியால் நல்ல பழக்கமும் ஏற்பட்டிருக்கிறது. அவர்களில் புத்தி நுட்பமுடையவர்களாயும், கற்பிக்கும் திறமையுள்ளவர்களாயும கல்வி தேர்ச்சியும், அனுபோக பயிர்ச்சியுமுள்ளவர்களாயும் இருப்பவர்களை தெரிந்தெடுத்து இவர்களை உபாத்தியாயர்களாய் நியமித்து தற்காலத்தில் வைத்திய கலாசாலைகளாயிருக்கும் ஸ்தாபனங்களில் இவர்களை உபாத்தியாயர்களாய் நியமித்து சித்தர் முறை வைத்தியத்தை அபேக்ஷிக்கும் மாணவர்களுக்கு கல்வி அனுபோகமுறை இவைகளை சொல்லிவைக்கும்படி ஏற்படுத்துவதுதான் லக்ஷியமாக வைத்துக்கொள்ளவேண்டும்.

(2) இதற்காக முதலில் கலாசாலைகளில் சிறிதான விசேஷ பணச்செலவில்லாத சொற்ப சாதனங்களோடு கூடிய லாபொரேடரி (Laboratories) களை உண்டாக்கிக்கொள்ளவேண்டும். ஆஸ்பத்திரியில் வரும் வியாதியஸ்தர்களில் சித்தர்முறை ஔஷதங்களை அபேக்ஷிப்பவர்களுக்கு அவ்வைத்தியத்தைச் செய்யும்படிக்கு சௌகரியங்களும் செய்யப்படவேண்டும். இவ்விரண்டு சௌகரியங்களும் செய்துகொண்டு சுலபமான சம்பளங்களில் மேற்சொன்ன திறமையுள்ள வைத்தியர்களைத் தெரிந்தெடுத்து உபாத்தியாயர்களாக நியமித்து அபேக்ஷித்துவரும் மாணுக்கர்களுக்கு கல்வியைத் துவக்கவேண்டும்.

கேள்வி 5.—மேல் நாட்டு கீழ்நாட்டு வைத்திய முறைகள் ஒன்றுபடுத்தப்படுவது துர்லபமுமல்ல அசாத்தியமுமல்ல. அவ்வாறு ஒன்றுபடுத்தப்படுவதுதான் கற்றறிஞரின் லக்ஷியமாயிருக்கவேண்டும். அதற்கு எனக்குத் தோன்றியவளவில் சில வழிகளைச் சொல்லுகிறேன். முதலில் காலவசத்தால் சித்தர் முறை நூல்கள் நாளுக்கு நாள் அழிந்துபோகின்றன. எத்தனையோ அப்பியாசிகள் சேகரித்துவைத்திருந்த அனேக சிறந்த அபூர்வ நூல்கள் கரையான் தின்றும், பூச்சிகளரித்தும் அழிந்துபோகின்றன. ஆனதால் தற்காலம் கிடைக்கக்கூடும் அபூர்வ எவ்வித கிரந்தங்களையும், மற்றும் நூல்களையும் சேகரித்து ஒரு புஸ்தகசாலை உண்டுபடுத்தவேண்டும்.

(2) இந்நூல்களில சொல்லியிருக்கும் பச்சை இலைகள் மூலிகைகளில் இவைகளை அவைகளைபபற்றிச் சொல்லியிருக்கும் அடையாளங்களை வைத்து மாத்திரம் அவைகளை நிதானித்துக்கொள்வதும் சாத்தியமில்லாமலிருக்கிறது. இதில் அனுபோகப்பட்டவர்களும், இம்முறைகளை அனுசரித்தவருமான வைத்தியர்களும், மூலிகைகளைப் பிடுங்குகிறவர்களும், நாளுக்குநாள் குறைந்தும் வருகிறார்கள். ஆகையால் அவர்களிடமிருந்து அனுபோகத்தேர்ச்சியை மேல்நாட்டு வைத்தியத்தில் பரீக்ஷைகள் கொடுத்து பட்டம் பெற்றவர்களில் கீழ்நாட்டு வைத்தியத்தில் நம்பிக்கையுள்ளவர்களும், புத்தி நுட்பமுள்ளவர்களுமாய் இருப்பவர்களை தெரிந்தெடுத்து மேற்சொன்ன வைத்தியர்களிடமிருந்து அனுபோகத் தேர்ச்சியை கிரகித்துக்கொள்ளச்செய்யவேண்டும்.

கீழ்நாட்டு வைத்தியத்தில் தென் இந்தியாவில் சில அபூர்வ முறைகளும், வட இந்தியாவில் ஆயுர்வேத வைத்தியத்திலுள்ள சில முறைகளுமிருந்துவருகின்றன. இவைகளையும் கற்றறிந்துகொள்ளவேண்டியது அவசியம். அதற்காக மேற்சொன்ன ஆங்கிலேய பரீக்ஷைப்பட்டம் பெற்றவர்களை வடதேசங்களிலுள்ள பிரபல கவிராஜர்களிடம் அனுப்பி அம்முறைகளை அறிந்துகொள்ளச்செய்யவேண்டும். அவ்விதமே தென்தேசத்திலுமுள்ள வைத்திய சிரேஷ்டர்களில் சிலர்களில் சிலகாலமாவது ஒன்றுசேர்த்து ஒரே ஸ்தலத்திலிருக்கும்படி செய்து மேல்நாட்டு முறைகளை அனுசரித்து, கீழ்நாட்டு பஸ்ம செந்தூரங்களைச் செய்யும்படிச்செய்து அவைகளை மேல்நாட்டு ரசாயன சாஸ்திரமுறையாய் பச்சை இலைமூலிகைகளையும் பஸ்ம செந்தூரங்களையும் பகுத்துப்பார்த்து மேலநாட்டு முறையாகவே அவைகளின் தனிக்குணங்களை நிச்சயம்பண்ணவேண்டும்.

இவ்வாறு நிச்சயம்பண்ணப்பட்ட அனுபோகத்தைக்கொண்டு அவைகளை வியாதிஸ்தர்களுக்குப் பிரயோகப்படுத்தும் முறைகளை மேல் நாட்டுவழியாய் நிதானப்படுத்தவேண்டும்.

இன்னும் கீழ்நாட்டு வைத்தியத்திலுள்ள பொதுவிஷயங்களையும் இரகசிய விஷயங்களையும் மேலநாட்டு முறையாய்ப் பரிஷ்காரப்படுத்துவோமாகில் கல்வி அபிவிருத்திக்கும், ஞானத்துக்கும் வைத்தியசாஸ்திரத்தின் அபிவிருத்திக்கும் கொடிய நோய்களாயிருக்கும் அநேக தீராரோகங்களும் தீருவதற்கும் அளவற்ற சாதனங்கள் ஏற்படும்.

இவைகளுக்கு மேலானமுறைகள் அநேகம் வைத்தியர்களைவிட மேல் அப்பியாசிகளான யோகிகளிடத்தில் தான் இருந்துவருகின்றன.

ஆகையால், அவர்களிடத்திலிருக்கும் அபூர்வ சக்திகளை அவர்களோடு பழகி அவர்களுடைய வழிபாடுகளைக் கொஞ்சமாவதும் அனுசரித்தவர்களுக்குத்தான் அவர்களுடைய அப்பியாஸத்தின் உண்மையும் இரகசியமாக வைக்கப்பட்டிருக்கும் வேலைகளின் அருமையும் சித்தியும் தெரியும். ஆகையால் இவ்விதம் அபூர்வசித்திகளிருக்கின்றனவென்று நம்பிக்கையுள்ளவர்கள் மேல்நாட்டு வாசிப்புத் திறமைப்பட்டம் பெற்றவர்களுக்குள் மிக சொல்பம். அவ்வாறு சொல்பமாயிருக்கிறவர்களைத் தெரிந்தெடுத்து அவர்களை இவ்விதம் தேசாந்திரிகளாய்த் திரியும் கோசாயிகள், சன்னியாசிகள், யோகிகள் இவர்களைச் சற்றும் அனுசரிக்கச்செய்து பழக்கம் ஏற்படுத்திக்கொண்டு அவர்களிடம் இருக்கும் இவ்வபூர்வ வித்தைகளை கிரகிக்கச் செய்யவேண்டும். இது மேல்நாட்டுக்கல்வியை அப்பியாசித்தவர்களுக்கும், பட்டம்பெற்றவர்களுக்கும் அசாத்தியமாய்த் தோன்றும். ஆயினும் மேல்நாட்டுக் கல்வித் தேர்ச்சியடைந்தவர்கள் கூட யோகிமுறைகளில் நம்பிக்கையுள்ளவர்களிருக்கிறார்கள். அவர்களைத் தெரிந்தெடுத்து அவர்கள் மூலமாய்த்தான் இந்த வித்தைகளைக் கிரகிப்பது சாத்தியம்.

கேள்வி 6.—ஆம்.

ரசாயன சாஸ்திரம், ஜீவ சாஸ்திரம், இவைகளில் பயிர்ச்சியிருக்கவேண்டும். ரசாயன சாஸ்திரத்தில் விசேஷ பயிர்ச்சியிருக்கவேண்டும். கிராம வைத்தியர் L.M.P. க்கு சமானமான வைத்தியர் இவர்களுக்கு இப்பயிர்ச்சிவேண்டுவதில்லை. Gruadate, Masterate, Doctorate, இவர்களுக்குப் பட்டத்திறமைக்குத் தகுந்தபடி இதில் தேர்ச்சி இருக்கவேண்டும்.

Anatomy உடற்கூறு சாஸ்திரம்.
Physiology அவயவத்தொழிற்கூறு சாஸ்திரம்.
Pathology ரோகக்கூறு சாஸ்திரம்.
Bacteriology சிற்றுயிர் சாஸ்திரம்.
Surgery இரணவைத்திய சாஸ்திரம்

இவைகளை கற்பிக்கவேண்டியதவசியம். ஆனால், இவைகளில் சாஸ்திர பாகத்தை மாத்திரம் கற்பிக்கவேண்டுமேயொழிய அனுபோகபாகம் வேண்டுவதவசியமில்லை. அதாவது வியாதிக்கூறுகளை அறியவும், ரோக நிதானம் பண்ணவும் ஞானம் ஏற்படுவதற்கு வேண்டும் பாகங்களை மாத்திரம் கற்பிக்கவேண்டுமே ஒழிய மேல் நாட்டு ஔஷதபிரயோக விஷயமாயுள்ள பாகங்களை கற்பிக்கவேண்டியதவசியமில்லை. மற்ற சாஸ்திரங்களில, உடல்கூறு, தொழிற்கூறு, ரோகக்கூறு, சிற்றுயிர்சாஸ்திரம் இவைகளில் மிக நுண்ணிய பாகங்களைத்தவிர மற்ற கொள்கைகள் சம்மந்தப்பட்ட அளவில் அவைகளை விஸ்தாரமாய்த் தெரியவேண்டிய பாகங்களைக் கற்பிக்கவேண்டும். இரண வைத்திய சாஸ்திரத்தையே இந்த வாசிப்புக் கிரமத்திலிருந்து பிரித்து வேறாக்கவேண்டும்.

ஏனெனில், சித்தர் நூல்களில் இரணவைத்தியத்தைப்பற்றிச் சொல்லும் பாகம் விசேஷமாயில்லை. எழுதப்படவில்லையோ அல்லது எழுதப்பட்டு அழிந்துதான் போய் விட்டதோ தெரியவில்லை.

(b) இதுவிஷயம் முன்னமே சொல்லப்பட்டிருக்கிறது. அவ்விடத்தில் சொல்லியிருக்கிறதைவிட இன்னும் விஸ்தாரமாய் சொல்லவேண்டாமென்று நிறுத்திவிட்டேன்.

(c) கிராம வைத்தியர்களுக்கு மாத்திரம் தமிழ், தெலுங்கு, கன்னடம் இம்மூன்று பாஷைகளும் சென்னைராஜதானியில் வழங்கும் பாஷையானதால் அந்தந்த நாடுகளிலிருந்து வரும் மாணாக்கர்களுக்கு அந்தந்த தேசபாஷையில் சொல்லிவைக்கவேண்டும். மற்றவர்களுக்கு Graduate, Masterate, Doctorate இப்பட்டங்களை அபேக்ஷிப்பவர்களுக்கு இங்கிலீஷில் சொல்லிவைக்கவேண்டும்.

கேள்வி 7.—நான் மேற்சொல்லியிருக்கும் அப்பியாச முறைகளில் தேர்ச்சியடைந்த வைத்தியர்களை ரிஜிஸ்டர் செய்யவேண்டியது அவசியமென்பது என்னுடைய அபிப்பிராயம். அவர்களை ரிஜிஸ்டர் செய்யும்படி செய்து அதற்கு ஏற்பட்டிருக்கும் விதிகளுக்கு அவர்களை உள்படுத்துவது உசிதமல்ல.

கேள்வி 8.—ஆலோபதி முறைப்படி வைத்தியம் செய்வதில்யேற்படும் மருந்துச் செலவைவிட சித்தர் முறைப்படி செய்யும் ஔஷதங்களின் கிரயம் குறைவாயிருக்கும். மேல்நாட்டு ஔஷதங்கள் கம்பெனிக்காரர்களால் கிரயம் செய்யப்படுகிறது. ஆனால் அவ்வாறு விற்கப்படும் மருந்துகளை ஒன்று சேர்த்து மிக்ஸர் ஆகவாவது அல்லது மாத்திரைகளாகவது சேர்த்துக்கொடுப்பதற்கு கூலி மருந்து கிரையத்தைவிட எத்தனையோ பங்கு அதிகமாயிருக்கிறது. இதோடு நோயாளியின் வியாதியைப் பார்த்து மருந்தைக்குறிப்பிடும் மருந்துக்குறிப்புக்கு (Prescription சார்ஜ் இன்னும் எத்தனையோ பங்கு அதிகமாயிருக்கிறது. ஆகையால் ஏழைகளாயிருக்கும் ஜனங்கள் இம்மூன்று வகை சார்ஜையும் கொடுத்து வைத்தியம் செய்துகொள்வது அவர்களுக்கு கூடாமையாயிருக்கிறது. ஆகையால் ஆஸ்பத்திரிதான் அவர்களுக்கு ஒரே புகலாயிருக்கிறது. ஆனால் ஏழைகளாயும், வியாதியஸ்தர்களாயும் இருக்கும் அவ்வளவு பேர்களுக்கும், வைத்தியம் செய்வதற்காகப் போதுமான ஆஸ்பத்திரிகள் சர்க்காராலும், லோக்கல் பண்டு போர்டுகளாலும் உண்டாக்கிவைப்பதும் கூடாமையாயிருக்கிறது. இதுபற்றி கிராமவாசிகள் தீராத அவசியத்திற்குத்தான் ஐந்துமயில் பத்துமயில் போய் ஆஸ்பத்திரி வைத்தியத்தை அடையக்கூடியதாயிருக்கிறது. அதுவும் தினந்தோறும் போவதற்கு ஏற்படும் வண்டிவாடகையும் அவர்களுடைய நிலமைக்கு அதிகம். இக்காரணங்களை உத்தேசித்து நாலைந்து கிராமங்களுக்காவது ஒரு சுமாராக தேர்ச்சியடைந்த கிராம வைத்தியர் அவசியம் என்பது என்னுடைய அபிப்பிராயம். சர்க்காரும் லோக்கல் போர்டாரும் டிக்கிரிப்பட்டம் பெற்ற உயர்ந்த வைத்தியர்களைத் தயாராக்கி விடுமுன் சுலபமாயும் கூடிய சீக்கிரத்திலும், கிராமவாசிகளான வியாதியஸ்தர்கள் அடையக்கூடிய சித்தர் முறை வைத்தியம் செய்யும் கிராம வைத்தியர்களைத் தயார் செய்து ஏழைகளாயிருந்து நோயாளிகளாயிருக்கும் இந்தத் கிராம நோயாளிகளின் கஷ்டத்தை நிவிர்த்தி செய்யவேண்டியது முதல் கடமையாயிருக்கிறது. சித்தர்முறைப்படி ஔஷதங்களைச் செய்யவேண்டுவது வைத்தியர்களின் வேலையில் ஒருபாகமாவே யிருந்துவருகிறது. ஆகையால் அதற்காக தனிச்சார்ஜ் பொருக்கவேண்டியதாக வியாதியஸ்தர்களுக்கு ஏற்படாது. இன்னும் சித்தர்முறை பாஷாணங்களும மற்றும் உலோகங்களும், உப்புக்களும அவ்வவர்கள் தேசத்திலேயே உண்டாகிறவைகளாயும், சுலபமாய கிடைக்கக்கூடிய வைகளாயுமிருக்கின்றன. அன்னிய தேசங்களிலிருந்து வருத்தப்பட்டு கம்பெனிக்காரர்களால் அவர்களுடைய இஷ்டம்போல் அதற்கு விலைகளை உயர்த்தி வைக்கப்பட்டு உள்ளவைகளல்ல. பின்னும் பாஷாண லோகங்களை ஔஷதமாகச் செய்யவேண்டும். பச்சை இலை முதலானவைகளும் அந்தந்த இடங்களிலேயே கிடைக்கக்கூடியவைகளாக சொல்லப்பட்டிருக்கின்றன. ஒரு கிராமத்துவீட்டுக்குப பின்புறமிருக்கும் கொல்லைவெளியில் முளைத்திருக்கும பச்சை இலையை வைத்துக்கொண்டே அனேக லோக பாஷாணங்களை ஔஷதமாக்கிக்கொள்ளலாம். என்னுடைய அனுபோகத்திலிருந்தும் இந்ததாரதம்மியம் உளளது தானென்பதை திட்டமாகச் சொல்லுவேன்.

கேள்வி 9.—இராஜாங்கத்தார் மேல் நாட்டாரானதினாலும், அவருடைய வைத்தியத்தைச்செய்ய ஆங்காங்கு ஆஸ்பத்திரிகள் ஸ்தாபித்திருப்பதாலும் அவ்வைத்திய முறைகளைக் கற்பிப்பதற்குக் கலாசாலைகள் யேற்படுத்தியிருப்பதாலும் அதில் தேர்ச்சியடைகிறவர்

களுக்குப் பட்டப்பத்திரம் கொடுப்பதாலும் அப்பத்திரம் பெற்றவர்களுக்குப் படிப்படியான உத்தியோகம் கொடுக்கப்பட்டிருப்பதாலும், ஏற்பட்டிருக்கும் சாக்கார் ஆதரவு சித்தர் முறைக்கு இல்லாததால் அம்முறை நாளுக்கு நாள் க்ஷீணித்துவருகின்றன. ஆகையால் அதை புனருத்தாரணஞ் செய்யவேண்டுமாகின் முதலில் ராஜாங்கத்தினுடைய ஆதரவு அதற்கு முக்கியமாய் வேண்டும். மேல்சொல்லியிருக்கும் பலவகை வகுப்பு வைத்தியர்களைக் கற்பித்து ஒவ்வொரு கிராமத்திற்குமாவது அல்லது நாலைந்து கிராமங்கள் சேர்ந்த ஒரு பகுதிக்காவது ஒரு வைத்தியர் இருந்து அங்கே யேற்படும் வியாதியஸ்தர்களுக்கு சித்தர் முறைப்படி வயித்தியஞ்செய்ய போதுமான வண்ணம் வைத்தியர்களை அனுப்ப இராஜாங்கத்தார் பொருப்பை வகித்துக்கொண்டாலொழிய இம்முறைகள் புனர் ஜனனம் எடுத்து விருத்தி அடைந்து பிரகாசிக்க மார்க்கமில்லை.

கேள்வி 10.—இராஜாங்கத்தார்—

இம்முறை நூல்கள் அதிவிரைவாய் அழிந்து வருகின்றன. அச்சிற்பதிப்பிக்க உத்தேசிப்பவர்களுக்குக் கூட இந்நூல்களில் சில எவ்வளவு பிரயாசை யெடுத்தும் அகப்படுகிறதில்லை.

அதை வைத்துக்கொண்டிருப்பவர்கள் தங்களுடைய சொந்தத்துக்கு உபயோகப்படுத்திக்கொள்ளத் தெரியாமலும், மற்றவர்களுக்குப் பிரயோஜனப்படட்டுமென்ற நல்ல எண்ணமில்லாமலும், நூல்களைப் பாதுகாக்கிறதற்குத் திறமை யில்லாமலுமிருப்பதால் அதிவிரைவில் அவைகள் அழிந்துவருகின்றன.

(1) இந்நூல்களை இராஜாங்கத்தார் உரிமை வகித்து சேகாஞ்செய்யும் பொருப்பு யேற்றுக்கொண்டாலொழிய, இன்னூல்கள் அழிவில் நின்றும் மீளா. ஆகையால் இராஜாங்கத்தார் மிகவும் தயவுகூர்ந்து இறக்கம் வகித்து உரிமைப்பாராட்டி இவ்வழிவில் நின்றும் மீட்டி சேகாஞ்செய்து வைக்கவேண்டும்.

(2) இவ்விதமாகவே இம்முறைகளில் தேர்ச்சி பெற்றவர்களும் அழிந்து வருகிறார்கள். இம்முறையிலிருக்கும் அநேக நுட்பவழிகளும், இரகசியப்போக்குகளும் இவர்களோடே அழிந்துவிடும். ஆதலால் மேற்சொன்ன நூல்களைச் சேகரிப்பதோடு அந்நூல்களில் சொல்லியிருக்கும் முறைகளும், அநுபோகப்பழக்கமும், வித்வத்திறமையும் அழிந்து போகாமலிருக்கும் பொருட்டு இவ்வபூர்வ அப்பியாசிகளையுந் தெரிந்து எடுத்து ஒரே ஸ்தலத்தில் சேரும்படி செய்து அவர்களுடைய கல்வித்தேர்ச்சியையும், அநுபோகப்பழக்கத்தையும், சீக்கிரமாயும், நுட்பமாயும கிரகித்துக்கொள்ள மாணுக்கர்களை நியமிக்கவேண்டும்.

(3) கலாசாலைகளில் இம்முறைகளைக் கற்பிக்க ஸ்தாபனங்களேற்படுத்தவேண்டும்.

(4) ஏராளமாய் மாணுக்கர்கள் இம்முறைகளை கற்கவரும்படி போதுமான ஆதரவு காண்பிக்கவேண்டும் அதாவது வாசிக்குங் காலத்தில் அவர்களுக்கு உபகாரச்சம்பளங்கள் கொடுத்தும் வாசிப்பு முடிந்தவுடன் படிப்படியான உத்தியோகங்கள் கொடுத்தும் ஆதரிக்கவேண்டும்.

(b) லோகல் போர்டார்—இவர்கள் தங்களுக்கு யேற்பட்டிருக்கும் கிராமங்களுக்கு வேண்டிய போதுமான கிராம வைத்தியர்கள் வேண்டிய எண்ணம் யேற்படுவதற்கு வேண்டியதைச் செய்யவேண்டும்.

அதாவது, கிராம வைத்தியர் பகுப்புக்கு வேண்டிய மாணுக்கர்களை உபகாரச் சம்பளம் கொடுத்து படிப்புக்கனுப்பியும் உத்தியோகங்கொடுத்தும் ஆதரவு காண்பிக்கவேண்டும்.

(c) சர்வகலாசாலைகள்—இவைகள் மேற்சொல்லியிருக்கும் பட்டங்களை நியமிக்க வேண்டும். வாசிப்பு கிரமமாய் பரீக்ஷைகளைக்கொடுத்து பரீக்ஷைகள் தேறிப்பட்டப்பத்திரம் பெறுகிறவர்களைத்தவிர இக்கலாசாலைக் கர்த்தர்கள் ஆதரவோடும், உரிமையோடும் இம்முறைகளை ஆதரிக்க வேண்டுமென்ற அபிமானத்தை வகித்து இம்முறை பண்டிதர்களை தெரிந்தெடுத்து பட்டம் கொடுக்கவேண்டும்.

தற்காலத்தில் நடைபெற்றுவரும் வழக்கம்போல் அதாவது பத்து வருஷம் பதினைந்து வருஷத்திற்கொருவாறு இரண்டொரு வெகுமானப் பட்டங்கள் அளித்துவரும் வழக்கம் போவில்லாமல் மேற்சொன்ன ஆதரவைக் காட்டும்பொருட்டு ஒவ்வொரு வருஷத்திலும் தகுந்தவர்களுக்கு அதிகப்பட்டம் கொடுத்து ஆதரிக்கவேண்டும்.

(d) தனி நபர்களாலும் சங்கங்களாலும் பிரபுக்களாயுள்ளவர்கள் தங்கள் பேராலோ, அல்லது தங்களுக்கு உரித்தாயுள்ளவர்கள் பேராலோ அல்லது பொதுநலம் பாராட்டியோ பலவித வெகுமானங்கள் அல்லது வெகுமானப்பதக்கங்கள் யேற்படுத்தலாம் அல்லது கலாசாலைகளில் முக்கியதேர்ச்சியை உண்டாக்கும் பொருட்டு இம்முறைகளை நன்றாய்க் கற்பிக்க தங்கள் பேராலோ அல்லது விஷயத்தின் பேராலோ பண்டுகள் ஏற்படுத்தி அல்லது சொத்துக்கள் நன்கொடைசெய்து ஆதரவு காண்பிக்கலாம். அப்போதைக்கப்போது விசேஷத் தேர்ச்சியைக் காண்பிக்கும் இளஞர்களைத்தெரிந்தெடுத்து தகுந்த உபயச் சம்பளங்கள் கொடுத்து (Orginal Research) நூதன பரிசோதனைகளுக்கு (Post-graduate

education) தகுதி பெரும்படியாகவாவது அல்லது இன்னும் தக்க உதவிசெய்து நூதனப் பரிசோதனைகளைச் செய்யும்படி செய்யலாம். லோக்கல் போர்ட்டார் செய்வது போல தாங்களே தங்கள் சொந்த செலவில் சொல்பமான மாணாக்கர்களை கல்விச்சாலைகளுக்கு அனுப்பி கல்வி பெற்றுவரும்படி செய்யலாம். சங்கங்கள் இவைகள் சித்தர்முறை நூல்கள் பிரகாசிக்கவும், அம்முறையை அநுசரிப்பவர்களுடைய தேர்ச்சியும் திறமையும் பிரபலப்படவேண்டியதற்கும் இவர்களுடைய கல்விச்சிறப்பால் மற்றவர்கள் பிரயோஜனப்படுவதற்கும் வேண்டியதவ்வளவையும் செய்யலாம். மேல்நாட்டில் ஏற்பட்டிருக்கும் சங்கங்கள் அளவற்றவை, முக்கியமானவைகளைத் தெரிந்தெடுத்தாலுமே அதிமிகுதியாயிருக்கின்றன. இது பற்றி மேல்நாட்டு முறைகள் நிமிஷத்துக்கு நிமிஷம் விருத்தியடைந்து உலகமெங்கும் பிரகாசிக்கின்றன.

Royal Society, British Association for the Advancement of Science, Royal College of Physicians, Royal College of Surgeons. Royal Chemical Society, Royal Zoological Society, Royal Geographical Society, Royal Microscopical Society. The Linnæan Society, Geological Society, Astronomical Society முதலிய சங்கங்கள் தங்கள் தங்கள் சாஸ்திரங்களை நிமிஷத்துக்கு நிமிஷம் விருத்தியடையும்படி செய்து அவைகள் பெரும் அபிவிர்த்தியை உலகமெங்கும் செய்வதால் ஏற்படும் பெருமையும் சிறப்பும் மேன்மையும் யாவரும் தெரிந்த விஷயம். இதுபற்றி அவைகளுக்கு ஏற்பட்டிருக்கும் சுயப்பிரகாசம் சூர்யப்பிரகாசத்தை ஒத்திருக்கிறது. இச்சங்கங்களின் வழிகளை நூலளவு கூடவிலகாமல் நாம் கைப்பற்றி சித்தர்நூல் விருத்தியடைய வேண்டுவனவை யெல்லாம் இச்சங்கங்கள் செய்யக் கடமைப்பட்டிருக்கின்றன. சித்தர்களின் தபோ வலிமையாலும் தெய்வீகத்தன்மையாலும் சித்தி உக்கிரஹத்தாலும் இம்முறைகளையநுசரிக்க சொல்ப காலத்தில் விசேஷ விருத்திபடைந்து என்னாட்டிலும் பிரகாசிக்க வலிமை பெறும்.

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M.R.Ry. K. VEERASWAMY NAIDU Garu.

ప్రత్యుత్తరము

ప్రశ్న నెంబరు

1 ఆయుర్వేదభాగమునుగూర్చి

2 ఏ త్రిదోషములగు వాతపిత్తశ్లేష్మములయొక్క న్యూనాధిక్యములే రోగోత్పత్తికి మూలకారణములనియు, ఈ త్రిదోషముల న్యూనాధిక్యములు విరుద్ధాహారవిహారములచే కలుగుననియు ఆయుర్వేదముయొక్క సిద్ధాంతము. ఆధునిక శాస్త్రములుగూడ నీవిషయమున భేదాభిప్రాయముల నంతగా కలిగియుండలేదనియు వానివిమర్శనకుగూడ నీసిద్ధాంతము పూర్ణముగా నిలుచుననియు నాయభిప్రాయము

బి నాడి, మూత్రము, మలము, జిహ్వ, శబ్దము, స్పర్శము, దృక్కు, ఆకృతి యనెడి యష్టస్థానముల పరీక్షలనను, హేతువు, ప్రాగ్రూపము, రూపము, ఉపశయము, సంప్రాప్తి అను నిదానపంచకమువలనను, రోగనిదానముచేయవలయునని యీ యాయుర్వేదముయొక్క మూలసూత్రము. రోగమును పూర్వోక్తపరీక్షలవలన నిదానించుటతోడనే యారోగము త్రిదోషములలో దేని న్యూనాధిక్యములవలన గలిగినదో గుర్తించి యాదోషమును నివర్తించుటకై శాస్త్రోక్తములగు, చికిత్సాపద్ధతులను అవలంబించవలెను. ఈదేశీయులకు ముఖ్యముగా నీయాయుర్వేద చికిత్సాపద్ధతులే తక్కిన యాధునిక శాస్త్ర చికిత్సాపద్ధతులకంటె మిక్కిలి యనుకూలములయియున్నవని నా దృఢాభిప్రాయము. ఈ యాయుర్వేదపద్ధతులవల్లనే రోగులకు సంపూర్ణముగా గుణము కలుగుచున్నది.

సి అవును. పాశ్చాత్యవైద్యశాస్త్రములలో దుస్సాధ్యములని పేర్కొనబడి తద్వైద్యపద్ధతుల వలన గుణముకనుపించని సన్నిపాతజ్వరము (Typhoid fever) విషమశీతజ్వరము (Malaria) వాతకఫజ్వరము (influenza) ఊర్ధ్వశ్వాస (Asthma) మున్నగు వ్యాధులలో నాయనుభవములో నీ యాయుర్వేద చికిత్సాపద్ధతులే మిక్కిలి పనిచేసినవి. పాశ్చాత్యవైద్యులు పైనిచెప్పిన రోగములలో అవుషధములిచ్చి నిరాశచేసికొని విడిచిపెట్టిన సందర్భములలో నేను ఆయుర్వేద చికిత్సాపద్ధతులనవలంబించి పెక్కింటిని గుదుర్పగలిగితిని.

2 ఏ ఆయుర్వేదపద్ధతులప్రకారము అవుషధశాలను, చికిత్సలనుజేయు వైద్యశాలను "సర్వరోగసంహారక వైద్యశాల" అను పేరితో అంబాజీపేట గ్రామములో నేను 1896 వ సంవత్సరములో స్థాపించి యప్పటినుండి దానికి అధ్యక్షునిగాయుండియున్నాను. బీదలకుచితముగా నీపద్ధతులప్రకారమే వైద్యసాహాయ్యమును జేయు "నిరుపేద చికిత్సాలయము" అను వేఱొక వైద్యశాలనుగూడ 1921 వ సంవత్సరములో అంబాజీపేటలోనే స్థాపించియున్నాను.

బి ప్రస్తుతమున్న సంస్థలు స్వల్పసంఖ్యాకములై యచ్చటచ్చటనుండుటచే జనులకు వానివలన నుపయోగము తృప్తికరముగా కలుగుటలేదని తలంచెదను. ఈ సంస్థలయొక్క సంఖ్యను వృద్ధిచేసి ప్రతి తాలూకాలోను అధమపక్షము నాలుగైదు గ్రామములలోనయినను వానిని నెలకొల్పవలెనని నా యభిప్రాయము.

సి ఉన్నదనితలంచను. అనుభవవైద్యులయొక్కగాని, పరీక్షలందు తీరులై చికిత్సాపద్ధతులందనుభవముగలవారియొక్కగాని యాధిపత్యముక్రింద పైనిచెప్పిన సంస్థలను బహుప్రదేశములలో ఏర్పరచుటవలన నీకొఱత తీఱునని తలంచెదను.

4 ఏ తలంతును. చెన్నపురి, కలకత్తా, కాశీ మున్నగు పెద్దపెద్ద పట్టణములలో నిట్టిసంస్థలు స్వల్పముగానున్నవి కాని వానియందుగూడ పైనిజెప్పిన ఆదర్శస్థితి సంపూర్ణముగా సిద్ధమైయున్నదని నేను తలంపను.

బి అఖిలభారతాయుర్వేదయూనానీవైద్యసమ్మేళనమువారి తీర్మానవిధానములను ప్రస్తుతము అనుష్టానములో పెట్టవలయునని నా యభిప్రాయము.

5 ఏకీభవించెదను. దేశీయ పాశ్చాత్య వైద్యవిధానములు రెండింటియందును పాండిత్యము గలవారి యాజమాన్యమున కొన్ని సంస్థలను ఏర్పరచి ఉభయ వైద్యవిధానములందును దగినంత మంది విద్యార్థులను శిక్షితులుగా జేయవలెనని నేను సూచించెదను.

6 అవును. నాయభిప్రాయముగూడ నంతియే. ఇట్టి పాఠక్రమమును తెనాలియందలి ఆంధ్రాయుర్వేద వైద్యమండలివారేర్పఱచియున్నారు. దానికి నేనుగూడ నంగీకరించెదను.

ఏ.బి.సి ఈవిషయమైగూడ పైనిచెప్పిన మండలివారే ఆంధ్రాయుర్వేదవిద్యాపీఠ పరీక్షలను పేరితో ప్రవేశ, మధ్యమ, ఉత్తమ, అను మూడు తరగతుల పరీక్షల నేర్పఱచియున్నారు. ఆ పరీక్షలను నందు కేర్పడిన పట్టములను నేనుగూడ నామోదించెదను.

7 దేశీయ వైద్యులవిషయములోగూడ మెడికలు రిజిస్ట్రేషను ఉండవలయుననియే నాయభిప్రాయము అనుభవవైద్యులయొక్కయు, ఉత్తీర్ణవైద్యులయొక్కయు, నామములను మెడికలు రిజిస్టరులో చేర్చవలయుననియు ఇట్టివారిని నిర్ణయించుటకు అఖిలభారతాయుర్వేద యూనానీ వైద్యసమ్మేళన సంఘమువారినే మెడికలు బోర్డుగా నేర్పాటుచేయవలయుననియు నేను తలంచెదను.

8 దేశీయవైద్యప్రకారము చికిత్సలే తక్కువ ఖర్చులోనగును. దేశీయవైద్యమునకు గావలసిన యౌషధులీదేశముననే దొరకుటయు అవుషధములుచేయు దేశీయపద్ధతు లెక్కువ ఖర్చు లేకుండ సులభసాధ్యములగుటయు నిందుకు ముఖ్యకారణములు. అలోపాతిక్ వైద్యప్రకారముచేయు చికిత్సలలో నుపయోగపడు అవుషధములన్నియు దూరదేశములందు మిక్కిలి ఖర్చుతోగూడిన నిర్మాణవిధానములచే తయారుకాబడుచున్నవి. వానిని చేయుటకు గావలసిన యౌషధులుకూడ చాలవఱకా దేశములలో దొరకనివే. ఈ దేశమునుండియు మఱి యితర దేశములనుండియు అవుషధులను దిగుమతిచేసికొని యచ్చట నౌషధములు చేయుటచేత గూడ అలోపాతిక్ అవుషధములుచేయుట కెక్కువ ఖర్చులగుటకు కారణమగుచున్నది.

9 ప్రభుత్వమువారి యాదరణలేకపోవుటయు, అనుభవముగాని, శాస్త్రజ్ఞానముగాని లేని చిల్లరవైద్యులుకూడ వైద్యముచేయుచుండుటయు, దేశీయవైద్యవిధానములక్షీణతకు కారణములని తలంతును. ప్రభుత్వమువారు దేశీయవైద్యము ప్రోత్సాహించి తద్వైద్యవిధానమున నేర్పరులైనవారియాధిపత్యమున పలుచోట్ల దేశీయవైద్యశాలలను నెలకొల్పుటవలనను, నెం 7 రు ప్రశ్నకు వ్రాసిన జవాబులో సూచించినప్రకారము దేశీయవైద్యులకుకూడ మెడికలు రిజిస్ట్రేషను పెట్టుటవలనను, పైనిచెప్పినప్రకారము దేశీయవైద్యవిద్యాశిక్షణము నొసంగు విద్యాలయములను విరివిగా దేశమందుస్థాపించుటవలనను, దేశీయవైద్యవిధానములు పునరుద్ధరింపబడునని నాయభిప్రాయము.

10 ఏ ప్రభుత్వమువారు దేశమందచ్చటచ్చట దేశీయవైద్యశాలలను నెలకొల్పి వానికి ప్రతిసంవత్సరముతగినంత గ్రాంటులు ఇచ్చుటచేతను,

బి లోకలుబోర్డువారుకూడ తమ బోర్డులక్రింద నిప్పటి ఇంగ్లీషు ఆసుపత్రులవలెనే దేశీయ వైద్యశాలలను విరివిగాప్రతిష్ఠించి రోగులకు దేశీయవైద్యమునే ప్రసాదించుటచేతను,

సి విశ్వవిద్యాలయమువారు దేశీయపండితులను ప్రోత్సహించుటకు విద్వాన్, శిరోమణి మున్నగు పరీక్షలను నూతనముగా నేర్పరచినట్లే దేశీయవైద్యమును బ్రోత్సాహించుటకై ఆంధ్ర ఆయుర్వేద విద్యాపీఠమువారుచేసిన తీర్మానముల నామోదించి వారేర్పరచిన పరీక్షలను తమ విశ్వవిద్యాలయమునందు ప్రవేశపెట్టియు త్తీర్ణులయినవారికి బిరుదములిచ్చుటచేతను,

డి ఖానిగీసంఘములవారు దొరతనమువారియొక్కయు, లోకలు బోర్డులయొక్కయు, సాయమున్నను లేకున్నను సాధ్యమైనంతవఱకు తామే బీదలకు దేశీయపద్ధతులప్రకారము చితముగా వైద్యసాహాయ్యముచేయు చికిత్సాలయములను నెలకొల్పుటచేతను, దేశీయవైద్యవిద్యను నేర్చుటకు గ్రామములలో విద్యార్థులను బ్రోత్సాహించి పైనిచెప్పబడిన పరీక్షలకు వారలనిబంపుటచేతను,

ఈ దేశీయ వైద్యవిధానము క్రమముగా అభివృద్ధినొందగలదని నేను తలంచెదను.

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BRAMHASHRI E. T. DIVAKARAN MOOS Avargal.

നാട്ടു വൈദ്യ ക്രമങ്ങളെപ്പററിയുള്ള കമ്മിററിയിലെ സിക്രട്ടറി, പോസ്റ്റബൊക്സ്. 262, മദ്രാസ്സിൽനിന്നു അയച്ചുതന്ന ചോദ്യങ്ങൾ കണ്ടു. അവക്കു സാധിച്ച വിധം മറുപടി താഴെ എഴുതുന്നു.

എന്നാൽ ഈ എഴുതുന്ന ഉത്തരങ്ങളെകൊണ്ടു എന്റെ അഭിപ്രായത്തിന്റെ ശതാംശം പോലും അറിവിക്കുവാൻ സാധിക്കുമെന്നു ഞാൻ വിചാരിക്കുന്നില്ല. അതിന്നു വാക്കാൽ പറയുക തന്നെ വേണം. പാശ്ചാത്യ വൈദ്യന്മാരും ആ വൈദ്യവുമായി ഞാൻ പല തരത്തിലും എടപെട്ടിട്ടുണ്ടു. പാശ്ചാത്യ വൈദ്യത്തിന്റെ ഗുണങ്ങളും ഏറെക്കുറെ അറിഞ്ഞിട്ടുണ്ടു. രണ്ടു ശാസ്ത്രസിദ്ധാന്തങ്ങളെയും തമ്മിൽ യോജിപ്പിക്കുവാൻ അനേകം അവസരങ്ങളിൽ ശ്രമിച്ചിട്ടുണ്ടു. ഒരിക്കലും തൃപ്തികരമായ വിധത്തിൽ തമ്മിൽ യോജിച്ചു കണ്ടിട്ടില്ല. രോഗി അനുഭവിക്കുന്ന പീഡയെ ക്ഷണത്തിൽ ആശ്വാസപ്പെടുത്തുകയെന്നുള്ളതാണ പാശ്ചാത്യ വൈദ്യത്തിന്റെ അവസാന ഉദ്ദേശം. ആയുൎവ്വേദ വൈദ്യത്തിന്റെ അതല്ല. രോഗിയുടെ ശരീരത്തിൽ പൂൎണ്ണമായ നിരോഗതത്വത്തെ ഉണ്ടാക്കുകയെന്നുള്ളതാണ്. അതാണ തല്ക്കാല പീഡാശമനത്തിന്ന പാശ്ചാത്യ വൈദ്യം അധികം ആവിശ്യപ്പെടുന്നതിനുള്ള കാരണം. ആയുൎവ്വേദ വൈദ്യം ഇ സംഗതിയിൽ അല്പം പിന്നിലാണു നില്ക്കുന്നതു. പക്ഷെ ആയുൎവ്വേദ വൈദ്യം കൊണ്ടു കുറെ കാലം ക്ഷമിച്ചിട്ടെങ്കിലും ഒരു രോഗം മാറിപ്പോയാൽ ആ ദേഹത്തിൽ യാതൊരു ദീനവും അപ്പോൾ ഇല്ലെന്നു തീൎച്ചപ്പെടുത്താം. പാശ്ചാത്യ വൈദ്യം കൊണ്ടു ഒരു രോഗം മാറിയാൽ മറെറാന്നാം കൂടി ആ ദേഹത്തിൽ ഉണ്ടായിരുന്നെങ്കിൽ അതിന്നു ആശ്വാസം കണ്ടില്ലെന്നും വരാം. അത്രതന്നെയല്ല. വിശേഷാൽ ചിലതു ഉത്ഭവിച്ചുവെന്നും വരാം. ചുരുക്കി പറയുന്നതായാൽ രണ്ടിന്റെയും ഉദ്ദേശം രണ്ടാണെന്നുള്ള വിധത്തിൽ രണ്ടും തമ്മിൽ അന്തരവും ഉണ്ടു. അതുകൊണ്ടു പാശ്ചാത്യ വൈദ്യത്തിന്റെ സഹായത്തെ ആവിശ്യപ്പെടുന്തോറും ആയുൎവ്വേദ വൈദ്യത്തിന്റെ അഭിവൃദ്ധിയിലേക്കുള്ള ഗതിക്കു വിഘ്നം നേരിടുന്നതാണ.

ഉത്തരങ്ങൾ.

1. നാട്ടു വൈദ്യ ക്രമങ്ങളിൽ ആയുൎവ്വേദ വിഭാഗത്തെക്കുറിച്ചാണ് ഞാൻ പറയുവാൻ പോകുന്നതു.

2. (a) രോഗം ഉണ്ടാകുന്നതു ആഹാരവിഹാരങ്ങളുടെ വ്യത്യാസങ്ങളെക്കൊണ്ടാകുന്നു. ശരീരത്തിൽ ആവിശ്യമുള്ള സ്വാദ്വമ്ലാദിരസങ്ങളും ഗുരുമന്ദാദി ഗുണങ്ങളുമുള്ള ആഹാര സാധനങ്ങൾ ഓരോന്നു വേണ്ട സമയത്തചെല്ലാതെയിരിക്കുകയൊ വേണ്ടെടത്തോളം ആവാതെയിരിക്കുകയൊ വേണ്ടതിലധികം ആകയൊ ചെയ്യുന്നതു ആഹാര വ്യത്യാസമാകുന്നു. ആയാസാദി സുഖാവഹങ്ങളായ ദിനചൎയ്യകൾ വേണ്ടതിലധികം പ്രവൃത്തിക്കുകയും വേണ്ടെടത്തോള ചെയ്യാതെയിരിക്കുകയും വേണ്ടാത്തവ ചെയ്യുകയും വേഗോദീരണ ധാരണങ്ങളും ലോഭേൎഷ്യാദ്വേഷമാത്സൎയ്യരാഗഭയ ശോകാദികളെ ധരിക്കാതെയിരിക്കുകയും ദിവസ്വപ്നാദികളും വിഹാര വ്യത്യാസങ്ങളാകുന്നു. ശീതോഷ്ണവൎഷാകാല ഭേദങ്ങളിൽ ശരീരത്തെ പെട്ടെന്ന് പ്രകൃത്യാ ബാധിക്കുന്ന അനേക സംഗതികളും രോഗ കാരണങ്ങളാവും. മേൽപറഞ്ഞ കാരണങ്ങളെക്കൊണ്ടു ശരീരത്തിലെ ദോഷദൂഷ്യാദ്യവയവങ്ങൾക്കു സ്വപ്രകൃതി മാററം വരികയും അതു വരുമ്പോൾ അവ ഓരോന്നും തന്റെ പ്രവൃത്തി ചെയ്യാതെയിരിക്കുകയൊ, അധികമായി ചെയ്യുകയൊ ഉണ്ടാകുന്നതാണ രോഗം എന്നു പറയാറുള്ളതു. ഈ സംഗതിയിൽ വാദമില്ലാത്തതാകുന്നു.

ഈ സംഗതി ഇപ്പോഴത്തെ എന്നല്ലാ ഏതു ശാസ്ത്രാപേക്ഷണ പ്രമാണങ്ങൾ അനുസരിച്ചു പരിശോധന കഴിച്ചാലും സുസ്ഥിരമായി നിലനില്ക്കുന്നതാണ.

(b) രോഗ നിദാനം എന്നുവെച്ചാൽ രോഗകാരണമാണെല്ലൊ. അതു തന്നെയാണ് " 2 (a)" വകുപ്പുകൊണ്ടു പറഞ്ഞതു. ശരീരത്തിലെ ദോഷദൂഷ്യാദ്യവയവങ്ങൾക്കു വന്ന സ്വപ്രകൃതി മാററത്തെ തീൎക്കുകയെന്നുള്ളതാണ ചികിത്സയുടെ ക്രമം. പാകത്തിലെ ഏതെങ്കിലും ഒരു വ്യക്തി, അതുപോലെ തന്നെയുള്ള മറെറാരു വ്യക്തി

യോട്ടുകൂടിയാൽ അധികമാവുമെന്നും, നേരെ വിപരീതമായിട്ടുള്ളതിനോടു കൂടിയാൽ ഇല്ലാതാവുമെന്നുമുള്ള ലോക നടവടി തന്നെയാണ് ചികിത്സയുടെ പ്രമാണം.

ആയുർവ്വേദ ചികിത്സാവിഷയത്തിൽ അംഗീകരിച്ചിട്ടുള്ള ഉപകരണങ്ങൾ മിക്കതും ശരീര ഭാവങ്ങളെക്കാൾ ക്രൂരതരങ്ങളല്ലായ്കയാൽ പ്രായേണ ദേഹാവയവഗതികളെ അനുസരിച്ചേ അവ ഫല പ്രദങ്ങളാകയുള്ളൂ. അതുകൊണ്ടു സ്വാഭാവികമല്ലാത്ത ഒരനുഭവം ദേഹത്തിനുണ്ടവാൻ കാരണമില്ലാത്തതിനാൽ മറെറാരു പ്രത്യാപത്തിനു ഇടയാകാതെ അവിശ്വ കാര്യ സാദ്ധ്യത്തിലേക്ക സാവധാനത്തിൽ ചെന്നു ആ ഫലത്തെ ഉണ്ടാക്കി അതിനെ സുസ്ഥിരമായി നിലനിർത്തുന്നു. പനി, ക്ഷയം മുതലായ രോഗങ്ങൾ ആയുർവ്വേദ ചികിത്സകൊണ്ടു ഭേദപ്പെട്ടിട്ടു അതാതാളുകളിൽ പിന്നെ അതാതിൻെറ ശല്യം ഒരിക്കലും ആവിർഭവിച്ചിട്ടില്ലാത്തതായി ദൃഷ്ടാന്തങ്ങൾ കാണിപ്പാനുണ്ടു. കണക്കുകൾ വെച്ചിട്ടില്ലാത്തതുകൊണ്ടു കാണിപ്പാൻ സാധിക്കില്ല.

(*c*) പല അവസ്ഥകളിലും ഇംഗ്ലീഷു ചികിത്സാ ക്രമത്തേക്കാൾ ആയുർവ്വേദ ചികിത്സാ ക്രമം ഗുണമുള്ളതാണ്. ഉറക്കംപോരാത്ത ഒരാൾക്ക ഇംഗ്ലീഷു വൈദ്യന്മാർ പലതും പ്രയോഗിച്ചിട്ടു സാധിക്കാതെ നാട്ടു ചികിത്സാ ക്രമം കൊണ്ടു പൂർണ്ണ സുഖം കിട്ടിയതായും "റം ഫിവർ," "ടൈം ഫിവർ" മുതലായ പലരോഗങ്ങൾക്കും മരുന്നുകൾ ഇല്ലായെന്നു ചില ഇംഗ്ലീഷു വൈദ്യന്മാർ പറഞ്ഞു കേട്ടിട്ടുള്ളത ശരിയാണെങ്കിൽ അവയെക്കല്ലാം ആയുർവ്വേദ വൈദ്യത്തിൽ ശരിയായ മരുന്നുകളും ചികിത്സാ ക്രമങ്ങളും ഉള്ളതായും അനുഭവപ്പെട്ടിട്ടുള്ളത് ദൃഷ്ടാന്തപ്പെടുത്തുവാൻ കഴിവുള്ളതാണ്.

3. (*a*) നാട്ടു സമ്പ്രദായത്തിൽ വൈദ്യ സഹായം കൊടുക്കുന്ന ചെറുതുരുത്തി ആസ്പത്രി സ്ഥാപിച്ചിട്ടുള്ള കേരളീയ ആയുർവ്വേദ സമാജം വക മെഡിക്കൽ ബോൎഡിലെ ഒരു മെമ്പ്രാണ് ഞാൻ.

(*b*) (i) ടി സമാജം വക ടി ആസ്പത്രിയിൽ കൊടുക്കപ്പെടുന്ന വൈദ്യ സഹായം മതിയായിട്ടുള്ളതാണെന്നു ഞാൻ വിചാരിക്കുന്നില്ല. അതു പണത്തിൻെറ ക്ഷാമം കൊണ്ടാണെന്നുള്ളതിനും സംശയമില്ലാ.

(ii) അവിടെ വൈദ്യ സംബന്ധമായ പഠിപ്പു കൊടുക്കുവാനുള്ള ഏൎപ്പാടു ചെയ്തു കഴിഞ്ഞിട്ടില്ലാ. അതു ചെയ്യുണമെങ്കിൽ ഗവൎമ്മെണ്ടു സഹായം പ്രത്യേകമായും വേണ്ടതായിരിക്കുന്നു.

മേൽപറഞ്ഞ കേരളീയ ആയുർവ്വേദ സമാജം വക ഏൎപ്പാടിനു ഗവൎമ്മെണ്ടിൻെറ അനുസ്യൂതമായ സഹായവും സഹകരണവും ദ്രവ്യ വ്യയവും ഉണ്ടാകുന്നതായാൽ അധികം കാലതാമസത്തിന്നിടയാവാതെ ഠരം സ്ഥാപനം തന്നെ ഉത്തമമായ വൈദ്യ സഹായം കൊടുക്കുന്നതിന്നും വൈദ്യ സംബന്ധമായ ഉത്തമ നിലയിലുള്ള പഠിപ്പും കൊടുക്കുന്നതിനും മതിയാവുമെന്നുള്ളതിനു സംശയമില്ലാ.

(*c*) ഞാൻ വിചാരിക്കുന്നില്ലാ. ആ പോരായ്മയെ പരിഹരിപ്പാനായി ഗവൎമ്മെണ്ടിൽ നിന്നു വേണ്ടതായ സഹായ സഹകരണങ്ങളും വേണ്ടെടത്തെല്ലാം വേണ്ടെടത്തോളം ശാസനം തന്നെയും ഉണ്ടാക്കേണ്ടതാണ്.

4. (*a*) നാട്ടു ക്രമപ്രകാരം അത്യുത്തമമായ വൈദ്യ പരിശീലനത്തിനായി (1), (2), (3) എന്നീ ഉപവകുപ്പുകളിൽ പറഞ്ഞിരിക്കുന്ന സംഗതികൾ അത്യാവിശ്യമാണെന്നുള്ളതിനു സംശയമില്ലാ. ഠരം ഉത്തമാവസ്ഥയെ യാതൊരു സ്ഥാപനയും പ്രാപിച്ചിട്ടുള്ളതായി അറിഞ്ഞിട്ടില്ലാ. അടുത്ത കാലത്തു പ്രാപിക്കാനിടയുണ്ടെന്നു വിചാരിപ്പാൻ നിവൃത്തിയും കാണുന്നില്ലാ. നേരെമറിച്ച് ഗവൎമ്മെണ്ടിൻെറ മേൽപറഞ്ഞ സഹായാദികൾ ഉണ്ടാകുന്നതായാൽ അതിന്ന് അതി പ്രയാസം ഉണ്ടെന്നും വിചാരിക്കുന്നില്ലാ.

(*b*) അത്ര ഉപരിയായിട്ടില്ല.

(1) അതുകൊണ്ട അവസ്ഥാനം സാധിക്കേണ്ടതായ ഉത്തമാദർശത്തെ പററി ഇപ്പോൾ ആലോചിപ്പാനില്ലാ.

(2) ഇപ്പോൾ ഉടനെ പ്രവൃത്തിയിൽ കൊണ്ടുവരേണ്ടുന്ന ആദർശം എന്തെന്നാൻ ഇപ്പോൾ ഉള്ള ആയുർവ്വേദീയ സ്ഥാപനങ്ങളെ ഗവർമ്മെണ്ടിൽനിന്ന ഏറെറടുക്കുകയും പുതിയവയെ സ്ഥാപിക്കുകയും അവയിലെക്ക ജനസമ്മതന്മാരായ ആയുർവ്വേദ വൈദ്യന്മാരെ ആകൎഷിച്ച ഏൎപ്പെടുത്തി അവരെക്കൊണ്ട കൊടുപ്പിക്കുന്ന വൈദ്യ സഹായവും പഠിപ്പും പരിഷ്കരിപ്പിക്കുകയാകുന്നു ചെയ്യേണ്ടതു.

5. കല്ക്കത്താ യൂനിവെർസിററി കമ്മീഷന്റെ അഭിപ്രായത്തോട ലെശംപോലും യോജിപ്പാൻ ഇനിക്ക് തരമില്ലാ. യോജിക്കുന്നതുമില്ലാ.

പാശ്ചാത്യ വൈദ്യം ആയുർവ്വേദ വൈദ്യത്തോട യോജിക്കുന്നതായി ഒരിക്കലും കണ്ടിട്ടില്ലാ. ഇന്ത്യയിൽ തന്നെ സൂക്ഷ്മം നോക്കുന്നതായാൽ ശീതോഷ്ണ സ്ഥിതിയുടെ വ്യത്യാസം കൊണ്ടും ജനങ്ങളുടെ ആഹാര വിഹാരങ്ങളുടെ ഭേദം കൊണ്ടും ദേശഭേദം നോക്കി വൈദ്യവിദ്യയെ അല്പാല്പം ഭേദഗതികളോടുകൂടി പ്രയോഗിക്കേണ്ടതായിട്ടാണ് ഇരിക്കുന്നതു. എന്നിരിക്കെ ശീതഭൂമിയെന്നും ഉഷ്ണഭൂമിയെന്നും ഉള്ള അത്യന്ത വിപരീതമായ രണ്ടു പ്രദേശങ്ങളിലെ ജനങ്ങളുടെ സുഖദുഃഖങ്ങളെ അടിസ്ഥാനപ്പെടുത്തി തീൎച്ചപ്പെടുത്തപ്പെട്ടിട്ടുള്ളതായ വൈദ്യശാസ്ത്രങ്ങൾ തമ്മിൽ യോജിക്കാതിരിക്കുന്നത ഒട്ടും അത്ഭുതമല്ലാ. ശീതഭൂമിയിലെ സുഖങ്ങൾ ഉഷ്ണഭൂമിയിൽ പലതും ദുഃഖങ്ങളായിരിക്കാം. അതു തന്നെ നേരെമറിച്ചും വരാം. ദുഃഖത്തിൽപെട്ടു കുഴങ്ങുന്നാളെ സുഖത്തിലേക്ക വഴി കാണിക്കലാണല്ലൊ വൈദ്യ ശാസ്ത്രത്തിന്റെ ഫലം. ഇന്നത സുഖം ഇന്നത ദുഃഖമെന്ന തീൎച്ചയാക്കുവാൻ സാധിക്കാത്തപ്പോൾ പല സന്ദർഭത്തിലും ഈ കാൎയ്യത്തിൽ വൈഷമ്യം വന്നുപോകരുതെ? രോഗമൊന്നുമില്ലെന്ന പാശ്ചാത്യ വൈദ്യന്മാരും സുഖക്കേട്ടുണ്ടെന്ന രോഗിയും പറഞ്ഞതായി ധാരാളം അനുഭവമുണ്ട. ഇതു നേരെ മറെറ വിധത്തിലും ധാരാളമാണ. ഇതെല്ലാം സുഖദുഃഖങ്ങളുടെ വിവേചനം ശരിയായവയല്ലെ എന്നുള്ളതിന്ന സംശയമുണ്ടൊ? ഈ മലയാളത്തിൽ ദിവസത്തിൽ ഒന്നൊ രണ്ടൊ പ്രാവിശ്യം പച്ചവെള്ളത്തിൽ മുങ്ങിക്കുളിക്കുന്നത സുഖമല്ലെ? ഇംഗ്ലണ്ടിലാണെങ്കിൽ അത സുഖമാകുമൊ? ഇംഗ്ലണ്ടിൽ കിടക്കുന്ന മുറികളിൽ തീയ്യിടുന്നതുപോലെ ഇവിടെ ചെയ്യുവാൻ പാടുണ്ടൊ? ഇവ ഓരൊന്നും "ചൂടുകൊണ്ടുള്ള സുഖക്കേട" എന്ന രോഗത്തിന്നും "തണുപ്പുകൊണ്ടുള്ള സുഖക്കേട" എന്ന രോഗത്തിന്നും ചികിത്സകളല്ലെ? ഇതുകൾ വിപരീതമായി പ്രവൃത്തിച്ചാൽ സുഖമൊ ദുഃഖമൊ എന്താണ് അനുഭവിക്കുക? ഇനിയും ഈ രണ്ടു വൈദ്യ ക്രമങ്ങൾ രണ്ടും ഒരു വിധത്തിലും ഒരിക്കലും തമ്മിൽ യോജിക്കുന്നവയല്ലാ എന്നുള്ളതിലേക്ക അനേകം യുക്തികൾ കാണിപ്പാനുണ്ട്. അവ വാക്കാൽ പറവാനെ സാധിക്കു.

നാട്ടു വൈദ്യത്തെയും ഇംഗ്ലീഷ് വൈദ്യത്തെയും തമ്മിൽ യോജിപ്പിക്കുവാൻ നോക്കുന്നതിൽ പരം അയുർവ്വേദ വൈദ്യത്തിന്റെ ഗുണങ്ങൾ അനുഭവമാവാതെയിരിപ്പാൻ മറെറാരു കാരണവും ഇല്ലാ.

നാട്ടു വൈദ്യം ശീലിക്കുമ്പോൾ പഠിക്കേണ്ടതായ വിഷയങ്ങളുടെ പട്ടികയിൽ ഇപ്പഴത്തെ പ്രകൃതി ശാസ്ത്രം മുതലായവ ഒന്നും ആവിശ്യമില്ലാ. ആവക ശാസ്ത്രഭാഗങ്ങളായി ആയുർവ്വേദ ഗ്രന്ഥങ്ങളിൽ തന്നെ ഉള്ളവയാണ്. അവയെ നിഷ്കൎഷയോടെ പഠിപ്പിക്കുകയും കാലോചിതമായ ചില പരിഷ്കാരങ്ങൾ അവയിൽ വരുത്തേണ്ടത ചെയ്കയും മാത്രമെ വേണ്ടതുള്ളു.

6. മേൽപറഞ്ഞ അഭിപ്രായത്തോട യോജിക്കുന്നില്ലാ.

(a) അഭ്യസന പദ്ധതികൾ പടിപടിയായി ഏൎപ്പെടുത്തേണ്ടതാണ്. എന്തെന്നാൽ പഠിക്കുക കഴിഞ്ഞ പുറത്ത വരുന്ന വൈദ്യന്മാർ ഉത്തമ, മദ്ധ്യമാധമന്മാരായി താരതമ്യപ്പെട്ടു തീരുന്നേക്കാം. അവരെയും പാഠരീതിയെയും അനുസരിച്ചുണ്ടാകുന്ന താരതമ്യങ്ങളെ ജനങ്ങൾക്ക അറിയാറാകുവാൻ ബിരുദവിതരണം ആവിശ്യമാണ്.

ഈ സംഗതി വിവരിച്ചെഴുതുവാൻ സാധിച്ചില്ലാ.

(b) പ്രാരംഭ യോഗ്യതകൾ സംസ്കൃതത്തിൽ വ്യുൽപത്തിയാകുന്നു. അതുണ്ടാകുവാൻ ശിശുപാഠം മുതൽ 8 കൊല്ലം വേണ്ടിവരുമെന്നാണ് ഉദ്ദേശം.

(c) പഠിപ്പു നൽകുന്നതു സംസ്കൃതത്തിലും നാട്ടു ഭാഷയിലും കൂടി വേണ്ടിവരും.

7. വൈദ്യ സംബന്ധമായ രജിസ്ട്രാക്കൽ ആയുർവ്വേദ വൈദ്യ ക്രമങ്ങൾക്കും സംബന്ധിപ്പിക്കുന്ന കാൎയ്യം ആവശ്യമാണ്.

(a) രജിസ്ട്രേഷൻ ബോൎഡ് ഏൎപ്പെടുത്തണം. അതിലെ മെമ്പർമാർ ഇപ്പോഴത്തെ അധികം പ്രാപ്തിയുള്ള വൈദ്യന്മാരായിരിക്കണം. ഇപ്പഴത്തെ വൈദ്യന്മാരുടെ പ്രാപ്തി ക്ലിപ്തപ്പെടുത്തേണ്ടത അവരുടെ ജനസമ്മതത്വത്തെ തന്നെ നോക്കി ചെയ്യേണ്ടതാകുന്നു.

(b) വരുത്തേണ്ടുന്ന ഭേദഗതികൾ മേൽപറഞ്ഞ ആവശ്യത്തിന്നു തക്കവണ്ണം ചെയ്യേണ്ടതും അത ആവശ്യവുമാകുന്നു.

8. ചിലവ് താരതമ്യപ്പെടുത്തി നോക്കുമ്പോൾ ആയുർവ്വേദ ചികിത്സ നടത്തുവാനുള്ള ചിലവ് വളരെ കുറഞ്ഞിരിക്കും. അതിന്നുള്ള കാരണങ്ങളിൽ മരുന്നുകൾക്കും ഉപകരണങ്ങൾക്കും ഉള്ള ചിലവു കുറവ് തന്നെയാണ് പ്രധാനം. ആയുർവ്വേദ വൈദ്യപ്രകാരം ചികിത്സിക്കുന്ന ഒരാൾക്കു വളരെ മരുന്നുകളും ഉപകരണങ്ങളും വിലകൊടുക്കാതെയും അദ്ധ്വാനം കൂടാതെയും സമ്പാദിക്കുവാൻ കഴിയും.

9-ം, 10-ാം ചോദ്യങ്ങൾക്കുള്ള ഉത്തരം വളരെ എഴുതുവാനുണ്ടാകയാൽ തല്ക്കാലം കാൎയ്യാന്തര ഗൌരവത്താൽ സാധിക്കാതെവന്നതിൽ വ്യസനിക്കുന്നു.

(1)

M.R.Ry. A. SUBBARAYA PANDIT AVARGAL.

ಆಯುರ್ವೇದ ಶಾಸ್ತ್ರದಲ್ಲಿ ವ್ಯಾಧಿಗಳು ಎರಡುಪ್ರಕಾರವಾಗಿರುವುದರಿಂದ ಔಷಧಿಗಳು ಎರಡುಪ್ರಕಾರವಾಗಿವೆ- ಅವುಗಳಲ್ಲಿ ಒಂದಕ್ಕೆ ಬೃಂಹಣವೆಂದು ಹೆಸರು- ಎರಡನೆಯದಕ್ಕೆ ಲಂಘನವೆಂದು ಹೆಸರು- ಬೃಂಹಣೌಷಧವು ಶರೀರವನ್ನು ಪುಷ್ಟಿಗೊಳಿಸುವುದು- ಲಂಘನೌಷಧವು ಶರೀರವನ್ನು ಕೃಶಮಾಡುವುದು- ಲಂಘನೌಷಧವು ಶೋಧನೌಷಧವೆಂಬದಾಗಿಯೂ, ಶಮನೌಷಧವೆಂಬದಾಗಿಯೂ, ಎರಡು ಪ್ರಕಾರವಾಗಿರುವುದು-

ಶರೀರದಲ್ಲಿರುವ ದೋಷಗಳನ್ನು ಶರೀರದಿಂದ ಹೊರಗೆ ಹೊರಡಿಸುವ ಔಷಧವನ್ನು ಶೋಧನೌಷಧವೆಂದು ಹೇಳುವರು-

(1) ವಸ್ತಿ, (2) ವಿರೇಚನ, (3) ವಮನ, (4) ಶಿರೋವಿರೇಚನ, (5) ರಕ್ತಮೋಕ್ಷಣ, ಎಂದು ಈ ಶೋಧನೌಷಧವು ಐದು ಪ್ರಕಾರವಾಗಿರುವುದು-

ಶರೀರದಲ್ಲಿರುವ ದೋಷಗಳನ್ನು ಹೊರಗೆ ತೆಗೆಯದೆ ಶರೀರದಲ್ಲಿ ಸಮವಾಗಿರುವ ದೋಷಗಳನ್ನು ವ್ಯತ್ಯಾಸಗೊಳಿಸದೇ ವ್ಯತ್ಯಾಸವಾಗಿರುವ ದೋಷಗಳನ್ನು ಸಮಸ್ಥಿತಿಗೆ ತರುವ ಔಷಧಕ್ಕೆ ಶಮನೌಷಧವೆಂದು ಹೆಸರು-

(1) ಅಗ್ನಿದೀಪ್ತಿಯನ್ನುಂಟುಮಾಡುವ ಔಷಧ, (2) ಅಜೀರ್ಣದ್ರವವನ್ನು ಪಾಕಮಾಡುವ ಔಷಧ, (3) ಹಸಿವನ್ನು ತಡೆಯುವುದು, (4) ಬಾಯಾರಿಕೆಯನ್ನು ತಡೆಯುವುದು, (5) ದೇಹಾಯಾಸಕರವಾದ ಅಂಗಸಾಧನೆ, (6) ಬಿಸಿಲಿನಲ್ಲಿ ಸಂಚಾರಮಾಡುವುದೇ ಮೊದಲಾದವು, (7) ಗಾಳಿಯಲ್ಲಿ ಸಂಚಾರಮಾಡುವುದು ಮೊದಲಾದವು ಈ ರೀತಿಯಾಗಿ ಶಮನೌಷಧವು ಏಳು ಪ್ರಕಾರವಾಗಿರುವುದು-

ವ್ಯಾಧಿ, ತೀಕ್ಷ್ಣೌಷಧ, ಮದ್ಯಪಾನ, ವ್ಯಸನ, ಸ್ತ್ರೀಸಹವಾಸ ಮೊದಲಾದ ಕಾರಣಗಳಿಂದ ಕೃಶರಾಗಿರುವವರನ್ನೂ, ಗರ್ಭಿಣಿ, ಬಾಣಂತಿ, ಬಾಲಕರು, ವೃದ್ಧರು, ಮೊದಲಾದವರನ್ನು ಪುಷ್ಟಿಗೊಳಿಸುತ್ತಲೇ ವ್ಯಾಧಿಗೆ ಚಿಕಿತ್ಸೆ ಮಾಡಬೇಕು- ಔಷಧ, ಆಹಾರ, ವಿಹಾರಗಳು, ವ್ಯಾಧಿಯನ್ನು ಶಮನಮಾಡುವುದರಿಂದ ಕೆಲವು ಸಮಯದಲ್ಲಿ ಆಹಾರ ವಿಹಾರಗಳನ್ನೂ ಕೂಡ ಔಷಧವೆಂದೇ ಹೇಳುವರು-

2- (a) (1) ಕೆಲವುವ್ಯಾಧಿಗಳು ಮನುಷ್ಯನು ಈ ಜನ್ಮದಲ್ಲಿ ಮಾಡುವ ಅಪರಾಧಗಳಿಂದ ಸಂಭವಿಸುವುವು- (2) ಕೆಲವು ವ್ಯಾಧಿಗಳು ಜನ್ಮಾಂತರದಲ್ಲಿ ಮಾಡಿದ ಪಾಪಕರ್ಮಫಲರೂಪವಾಗಿ ಈ ಜನ್ಮದಲ್ಲಿ ಸಂಭವಿಸುವುವು- (3) ಮತ್ತೆ ಕೆಲವು ವ್ಯಾಧಿಗಳು ಹಿಂದೆ ಹೇಳಿದ ಎರಡು ಕಾರಣಗಳೂ ಸೇರುವುದರಿಂದ ಸಂಭವಿಸುವುವು-

ಇವುಗಳಲ್ಲಿ ಮೊದಲನೆಯದಾದ ಮನುಷ್ಯನು ಈ ಜನ್ಮದಲ್ಲಿ ಮಾಡುವ ಅಪರಾಧಗಳೆಲ್ಲವೂ, ಕಾಲ, ಇಂದ್ರಿಯ ವಿಷಯಗಳು ಮತ್ತು ಕರ್ಮ ಇವುಗಳನ್ನು ಸ್ವಲ್ಪವಾಗಿ ಸೇವಿಸೋಣ, ಅತಿಯಾಗಿ ಸೇವಿಸೋಣ, ಅಕ್ರಮವಾಗಿ ಸೇವಿಸೋಣ, ಇವುಗಳಲ್ಲಿ ಅಂತರ್ಭಾವವನ್ನು ಹೊಂದುವುವು-

ಎರಡನೆಯದಾದ ಜನ್ಮಾಂತರ ಪಾಪದಿಂದ ಹುಟ್ಟುವ ವ್ಯಾಧಿಗಳು ಪಾಪ ಶಮನಗಳಾದ, ಧ್ಯಾನ, ಜಪ, ಹೋಮ, ದೇವತಾರ್ಚನೆ ಮೊದಲಾದ ಪಾಪ ಶಮನಗಳಾದ ಪುಣ್ಯಕರ್ಮಗಳಿಂದ ಶಮನವಾಗುವುವು- ಹಿಂದಿನ ಜನ್ಮವು ಇಲ್ಲವೆಂದು ವಾದಿಸುವುದು ನ್ಯಾಯವಿರುದ್ಧವಾಗಿಯೂ, ಶಾಸ್ತ್ರವಿರುದ್ಧವಾಗಿಯೂ ಇರುವುದು- ಈಗ ಮನುಷ್ಯರಲ್ಲಿ ಬುದ್ಧಿ, ಸೌಂದರ್ಯ, ಐಶ್ವರ್ಯ ಮೊದಲಾದವುಗಳ ತಾರತಮ್ಯವು ವಿಶೇಷವಾಗಿ ಪ್ರತ್ಯಕ್ಷವಾಗಿರುವುದರಿಂದ ಇದಕ್ಕೆ ಪೂರ್ವಜನ್ಮದ ಪುಣ್ಯಪಾಪಗಳೇ ಕಾರಣವೆಂದು ಹೇಳಬೇಕಲ್ಲದೆ ಬೇರೇ ಕಾರಣವನ್ನು ನ್ಯಾಯದಿಂದ ಸ್ಥಾಪಿಸಲು ಯಾರಿಗೂ ಸಾಧ್ಯವಿಲ್ಲ- ವೇದಶಾಸ್ತ್ರಗಳೂಕೂಡಾ ಜನ್ಮಾಂತರ ಪುಣ್ಯಪಾಪಗಳೇ ಮನುಷ್ಯನ ತಾರತಮ್ಯದಲ್ಲಿ ಕಾರಣವೆಂದು ಹೇಳುವುವು-

ಸಮಸ್ತ ಜನಾಂಗದವರೂ ಮರಣಾಂತರದಲ್ಲಿ ಸ್ವರ್ಗ ನರಕಗಳಿಗೆ ಹೋಗುವ ಬೇರೆ ಶರೀರ ಉಂಟೆಂದು ಒಪ್ಪಿಕೊಳ್ಳುವರು ಈ ನ್ಯಾಯವನ್ನನುಸರಿಸಿ ಯೂರೋಪ್ ಖಂಡದವರು ಕೂಡಾ ಹಿಂದಿನ ಜನ್ಮ ಉಂಟೆಂದು ಒಪ್ಪಿಕೊಳ್ಳುವುದು ನ್ಯಾಯವೆಂದು ತೀರ್ಮಾನಮಾಡಿರುವರು- ಇದರಿಂದ ಜನ್ಮಾಂತರ ಪಾಪ ಮತ್ತು ಈ ಜನ್ಮದಲ್ಲಿ ಮಾಡುವ ಅಪರಾಧ ಇವೆರಡೂ ಸೇರಿ ವ್ಯಾಧಿಯುಂಟಾಗುವುದೆಂಬುದು ಸ್ಪಷ್ಟವಾಗಿಯೇ ಇರುವುದು-

(b) ಶರೀರದ ಉತ್ಪತ್ತಿಗೂ ಮತ್ತು ಸ್ಥಿತಿಗೂ ಕಾರಣಭೂತಗಳಾದ ವಾಯು, ಉಷ್ಣ, ಶೀತ, ಇವುಗಳು ವಾತ, ಪಿತ್ತ, ಶ್ಲೇಷ್ಮಗಳೆಂತಲೂ, ದೋಷಗಳೆಂತಲೂ ಪ್ರಸಿದ್ಧವಾಗಿರುವುವು- ಇವುಗಳು ಸಮಸ್ಥಿತಿಯಲ್ಲಿದ್ದಲ್ಲಿ ಶರೀರವು ಆರೋಗ್ಯಸ್ಥಿತಿಯಲ್ಲಿರುವುದು- ಅವುಗಳು ವ್ಯತ್ಯಾಸವಾದಲ್ಲಿ ಸ್ವಾಭಾವಿಕವಾದ ವ್ಯಾಧಿಯಾಗಲೀ ಮರಣವಾಗಲೀ ಸಂಭವಿಸುವುದು- ಅಪಥ್ಯವಾದ ಆಹಾರವಿಹಾರಗಳು ದೋಷಗಳನ್ನು ವೃದ್ಧಿಗೊಳಿಸುವುವು- ವೃದ್ಧಿಹೊಂದಿದ ದೋಷಗಳು, ರಸ, ರಕ್ತ, ಮಾಂಸ, ಮೇದಸ್ಸು, ಮಜ್ಜ, ಶುಕ್ರಗಳೆಂಬ ಧಾತುಗಳಲ್ಲಿ ಒಂದು ಭಾಗವನ್ನಾಗಲೀ, ಸಮಸ್ತ ಭಾಗವನ್ನಾಗಲೀ ಕೆಡಿಸಿ ರೋಗವನ್ನುಂಟು

ಮಾಡುವುವು. ಸಮಸ್ತ ವ್ಯಾಧಿಗಳಲ್ಲಿಯೂ ವೃದ್ಧಿಹೊಂದಿದ ದೋಷಗಳು ಅವುಗಳಿಗೆ ಅನುಗುಣವಾಗಿ ಯಾತನೆಯನ್ನುಂಟುಮಾಡುವುವು. ಈ ಯಾತನೆಗಳನ್ನು ವ್ಯಾಧಿಗಳ ಲಕ್ಷಣವೆಂದು ಹೇಳುವರು.

ಸಮಸ್ತ ವ್ಯಾಧಿಗಳಲ್ಲಿಯೂ, ವಾಯುವು ನಾನಾವಿಧವಾದ ನೋವು, ಕಾರ್ಶ್ಯ, ಕಳತ, ಸ್ವಲ್ಪವುಳಿ, ಬಾಯೊರಿಕೆ, ನಾಲಿಗೆಯಲ್ಲಿ ಒಗರು ರಸ, ನಖ, ನೇತ್ರ, ಮೂತ್ರ, ಪುರೀಷಗಳಲ್ಲಿಯೂ, ಶರೀರದಲ್ಲಿಯೂ, ಕಪ್ಪು, ಅಥವಾ ಕೆಂಪು ಮಿಶ್ರವಾದ ಕಪ್ಪು ಬಣ್ಣ, ಇವುಗಳನ್ನುಂಟುಮಾಡುವುದು.

ಪಿತ್ತವು ಉರಿ, ಕೆಂಪುಬಣ್ಣ, ಬಿಸಿ, ಹುಣ್ಣು, ಬೆವರು, ನೀರು ಸುರಿಯುವುದು, ಕೊಳೆಯುವುದು, ಕಾರ್ಶ್ಯ, ಮೂರ್ಛೆ, ಹುಚ್ಚು, ನಾಲಿಗೆಯಲ್ಲಿ ಕಾರ ಮತ್ತು ಹುಳಿರಸ, ನಖ ನೇತ್ರಾದಿಗಳಲ್ಲಿ ಶ್ವೇತ ಮತ್ತು ಅರುಣ ವಿನಹಾ ಮಿಕ್ಕವರ್ಣಗಳನ್ನುಂಟುಮಾಡುವುದು.

ಶ್ಲೇಷ್ಮವು, ಕೀಲುಗಳು ಹಿಡಿದುಕೊಳ್ಳುವುದು, ಕಠಿನತ್ವ, ನವೆ, ವುಳಿ, ವ್ಯಭಾರ, ಮಲಮೂತ್ರಗಳತಡೆ, ಬಾಯಿ ಅಂಟುವುದು. ಶರೀರ ಮತ್ತು ಮನಸ್ಸಿನಲ್ಲಿ ಪಾಟವವಿಲ್ಲದೆ ಇರೋಣ, ಶೋಭೆ, ಅಜೀರ್ಣ, ಅತಿ ನಿದ್ರೆ, ಶರೀರದಲ್ಲಿಯೂ, ನಖ ನೇತ್ರಾದಿಗಳಲ್ಲಿಯೂ ಬಿಳೀವರ್ಣ, ನಾಲಿಗೆಯಲ್ಲಿ ಮಧುರ ಮತ್ತು ಲವಣ ರಸ, ಮರಣವನ್ನುಂಟುಮಾಡುವ ಸಂದರ್ಭದಲ್ಲಿ ಬಹುದಿವಸಗಳು ಕಳೆದನಂತರ ಮರಣ ಇವುಗಳನ್ನುಂಟು ಮಾಡುವುದು.

ಸಮಸ್ತ ವ್ಯಾಧಿಗಳಲ್ಲಿಯೂ ಈ ದೋಷಲಕ್ಷಣಗಳು ಕಾಣುವುವು. ಈಲಕ್ಷಣಗಳಿಂದ ದೋಷವ್ಯಾಧಿಗಳ ಬಲಾಬಲಗಳನ್ನು ತಿಳಿದು ಚಿಕಿತ್ಸೆಯನ್ನು ಮಾಡಬೇಕು.

ರೋಗಿಯನ್ನು ಅವನ ವಯೋಬಲ ವರ್ಣಗಳನ್ನೂ, (1) ಕಣ್ಣಿನಿಂದ ನೋಡೋಣದರಿಂದಲೂ, (2) ಅವಯವಗಳನ್ನು ಸ್ಪರ್ಶಮಾಡಿ ಅವುಗಳಲ್ಲಿ ವ್ಯಾಧಿಯಿಂದುಂಟಾಗಿರುವ ವ್ಯತ್ಯಾಸಗಳನ್ನು ಪರೀಕ್ಷಿಸುವುದರಿಂದಲೂ, (3) ಪ್ರಶ್ನೆ ಮಾಡಿ ಅವನಿಗಿರುವ ಯಾತನೆಮೊದಲಾದವುಗಳನ್ನು ತಿಳಿದುಪರೀಕ್ಷಿಸಬೇಕು.

ರೋಗವನ್ನು (1) ನಿದಾನ, (2) ಸಂಪ್ರಾಪ್ತಿ, (3) ಪೂರ್ವರೂಪ, (4) ಲಕ್ಷಣ, (5) ಉಪಶಯ ಪಥ್ಯಾಪಥ್ಯ, ಇವುಗಳಿಂದ ಪರೀಕ್ಷಿಸಬೇಕು.

(1) ನಿದಾನವೆಂದರೆ—ರೋಗಕಾರಣಗಳಾದ ಆಹಾರ ವಿಹಾರಗಳು

(2) ಸಂಪ್ರಾಪ್ತಿಎಂದರೆ—ನಿದಾನದಿಂದ ವಾತಾದಿದೋಷಗಳು ಪ್ರಕೋಪವಾಗಿ ದೂಷ್ಯಗಳೆಂಬ ಶರೀರಭಾಗದಲ್ಲಿ ಸೇರಿ ವ್ಯಾಧಿಯನ್ನುಂಟುಮಾಡುವುದು.

(3) ಪೂರ್ವರೂಪವೆಂದರೆ—ಶರೀರದಲ್ಲಿ ಯಾತನೆ ಯುಂಟಾದಾಗ್ಯೂ, ಇಂಥಾ ವ್ಯಾಧಿ ಎಂದು ನಿಶ್ಚಯಿಸುವುದಕ್ಕಾಗದೆ ಇರುವ ವ್ಯಾಧಿಯ ಅಂಕುರಾವಸ್ಥೆಯು.

(4) ರೂಪವೆಂದರೆ—ವ್ಯಾಧಿಯಲಕ್ಷಣ. ವ್ಯಾಧಿಯು ಹುಟ್ಟಿದನಂತರ ಶರೀರದಲ್ಲಿ ಉಂಟಾಗುವ ವ್ಯತ್ಯಾಸದಿಂದ ಇಂಥಾ ವ್ಯಾಧಿ ಎಂದು ನಿಶ್ಚಯಿಸುವುದು.

(5) ಉಪಶಯವೆಂದರೆ—ಪಥ್ಯ. ಇಂಥಾ ವ್ಯಾಧಿ ಎಂದು ನಿಷ್ಕರ್ಷೆಮಾಡುವುದಕ್ಕೆ ಸಾಧ್ಯವಿಲ್ಲದ ಸಮಯದಲ್ಲಿ ಒಂದು ಔಷಧಿಯನ್ನು ಪ್ರಯೋಗಿಸಿ ಅದು ಗುಣವಾಗದ ಪಕ್ಷದಲ್ಲಿ, ಮತ್ತೊಂದು ಔಷಧಿಯನ್ನು ಪ್ರಯೋಗಿಸಿ ಅದನ್ನು ಗುಣಮಾಡುವುದು. ಈ ವ್ಯಾಧಿಗೆ ಈ ಔಷಧವೆಂದು ನಿಷ್ಕರ್ಷಿಸಲ್ಪಟ್ಟಿರುವುದರಿಂದ ಔಷಧ ಪ್ರಯೋಗದಿಂದ ವ್ಯಾಧಿಯನ್ನು ನಿಷ್ಕರ್ಷೆಮಾಡಬಹುದು. ಮೇಲೆ ಹೇಳಿದ ಐದು ಸಾಮಗ್ರಿಗಳಿಂದಲೂ ರೋಗವನ್ನು ಪರೀಕ್ಷಿಸಿ ನಿಶ್ಚಯಮಾಡಬೇಕು.

ವ್ಯಾಧಿಯನ್ನು ಶಮನಮಾಡತಕ್ಕದೆಲ್ಲವೂ ವ್ಯಾಧಿಗೆ ಪಥ್ಯವೆಂತಲೂ, ಔಷಧಿ ಎಂತಲೂ, ಸಾಮಾನ್ಯವಾಗಿ ಪ್ರಸಿದ್ಧವಾಗಿರುವುದು. ಈ ಪಥ್ಯವು (1) ಔಷಧ (2) ಆಹಾರ, (3) ವಿಹಾರಗಳೆಂದೂ ಮೂರು ಪ್ರಕಾರವಾಗಿರುವುದು. ನಿರ್ಮಲವಾದ ಗಾಳಿ, ಬಟ್ಟೆ, ಮುಂತಾದವುಗಳೆಲ್ಲಾ, ವಿಹಾರದಲ್ಲಿ ಸರಿಹೋಗುವುವು.

ಮೇಲೆಹೇಳಿದ ಔಷಧಾದಿಗಳು ಪ್ರತಿಯೊಂದೂ 6 ಪ್ರಕಾರವಾಗಿ ವಿಭಾಗಿಸಲ್ಪಟ್ಟಿರುವುವು.

ಔಷಧ (1) ಹೇತು ವಿಪರ್ಯಸ್ತೌಷಧ (ನಿದಾನವು ಮಾಡುವ ಕೆಲಸಕ್ಕೆ ವಿರುದ್ಧವಾದ ಕೆಲಸವನ್ನು ಮಾಡುವ ಔಷಧ), (2) ವ್ಯಾಧಿವಿಪರ್ಯಸ್ತೌಷಧ (ವ್ಯಾಧಿಯು ಮಾಡುವ ಕೆಲಸಕ್ಕೆ ವಿರುದ್ಧವಾದ ಕೆಲಸವನ್ನು ಮಾಡುವ ಔಷಧ)—(3) ಹೇತುವ್ಯಾಧಿ ಉಭಯ ವಿಪರ್ಯಸ್ತೌಷಧ (ನಿದಾನ ಮತ್ತು ವ್ಯಾಧಿ ಇವೆರಡೂ ಮಾಡುವ ಕೆಲಸಕ್ಕೆ ವಿರುದ್ಧವಾದ ಕೆಲಸವನ್ನು ಮಾಡುವ ಔಷಧ—,(4) ಹೇತುವಿಪರ್ಯಸ್ತಾರ್ಥಕಾರಿ ಔಷಧ (ನಿದಾನವು ಮಾಡುವ ಕಾರ್ಯವನ್ನೇ ಮಾಡುತ್ತಲಿದ್ದಾಗ್ಯೂ ಪರ್ಯವಸಾನದಲ್ಲಿ ವ್ಯಾಧಿಯನ್ನು ಶಮನ ಮಾಡುವ ಔಷಧ), (5) ವ್ಯಾಧಿ ವಿಪರ್ಯಸ್ತಾರ್ಥಕಾರಿ ಔಷಧ (ವ್ಯಾಧಿಯುಮಾಡುವ ಕಾರ್ಯವನ್ನೇ ಮಾಡುತ್ತಿದ್ದಾಗ್ಯೂ

ಪರ್ಯವಸಾನದಲ್ಲಿ ವ್ಯಾಧಿಯನ್ನು ಶಮನಮಾಡುವ ಔಷಧ), (6) ಹೇತುವ್ಯಾಧಿ ಉಭಯ ವಿಪರ್ಯಸ್ತಾರ್ಥ ಕಾರಿ ಔಷಧ (ಹೇತುವ್ಯಾಧಿಗಳು ಎರಡೂ ಮಾಡುವಕಾರ್ಯವನ್ನು ಮಾಡುತ್ತಿದ್ದಾಗ್ಯೂ, ಪರ್ಯವಸಾನದಲ್ಲಿ ವ್ಯಾಧಿಯನ್ನು ಶಮನಮಾಡುವ ಔಷಧ).

ಹೀಗೆಯೇ (2) ಆಹಾರ, (3) ವಿಹಾರಗಳೂಕೂಡ ವಿಭಾಗಿಸಲ್ಪಟ್ಟಿವೆ. ಇವುಗಳಿಗೆ ಉದಾಹರಣೆ ಗಳು ನಮ್ಮ ಗ್ರಂಥಗಳಲ್ಲಿ ವಿಸ್ತಾರವಾಗಿ ವಿವರಿಸಲ್ಪಟ್ಟಿವೆ.

(c) ಸನ್ನಿಪಾತಜ್ವರ, ಕ್ಷಯರೋಗ, ಪಾಂಡುರೋಗ, ಪರಿಣಾಮಶೂಲೆ ಮೊದಲಾದ ದೀರ್ಘಕಾಲ ದಿಂದ ಅನುಸರಿಸಿಕೊಂಡು ಬಂದಿರುವ ವ್ಯಾಧಿಗಳು, ದೇಶಾಂತರ ವೈದ್ಯರು ಬಹುದಿವಸ ಔಷದವನ್ನು ಕೊಟ್ಟ ರೂ ಶಮನವಾಗದೆ ಆಯುರ್ವೇದೌಷಧದಿಂದ ಗುಣವಾಗಿರುವವಿಷಯದಲ್ಲಿ ಸಾವಿರಾರು ದೃಷ್ಟಾಂತಗಳಿರುವು ವು. ಔಷಧಗಳ ವಿಷಯದಲ್ಲಿ ದೇಶಾಂತರ ಔಷಧಕ್ಕಿಂತಲೂ, ಆಯುರ್ವೇದೌಷಧವೇ ಉತ್ತಮವಾದದ್ದು. ಶಸ್ತ್ರಮಾತ್ರ ಸಾಧ್ಯವಾದ ವ್ಯಾಧಿಗಳಿಗೆ ದೇಶಾಂತರದವರ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆಯು ಸರ್ವೋತ್ತಮವಾದದ್ದು.

3. (a) ಆಯುರ್ವೇದಿಕ್ ಕಾಲೇಜು ಪ್ರಾರಂಭವಾದಾರಭ್ಯ, ನಾನು ಸುಮಾರು ಹದಿನೈದು ವರು ಷಗಳಿಂದಲೂ, ಮೈಸೂರು ಗೌರ್ನಮೆಂಟ್ ಆಯುರ್ವೇದಿಕ್ ಕಾಲೇಜಿನಲ್ಲಿ, ಅಸಿಸ್ಟೆಂಟ್ ಪಂಡಿತನಾಗಿಯೂ, ಪ್ರಕೃತದಲ್ಲಿ ಹೆಡ್ಮಾಸ್ಟರಾಗಿಯೂ ಇದ್ದೇನೆ.

(b) (1) ಔಷಧಶಾಲೆಗಳು, (2) ಮತ್ತು ಆಯುರ್ವೇದ ಪಾಠಶಾಲೆಗಳುಕೂಡಾ ಸಂಪೂರ್ಣವಾಗಿ ಸಮರ್ಪಕವಾಗಿರುವುದಿಲ್ಲ. ಪ್ರತಿಗ್ರಾಮಗಳಲ್ಲಿಯೂ, ಒಂದೊಂದು ಔಷಧಶಾಲೆಗಳನ್ನಿರಿಸಬೇಕು. ತೃಣ, ಕಾಷ್ಠ, ಜಲ, ಸಮೃದ್ಧಿಯಾಗಿ, ಸಮೀಪದಲ್ಲಿ ಪರ್ವತವಿರುವ ಆರೋಗ್ಯ ಭೂಮಿಯಲ್ಲಿ ಆಯುರ್ವೇದ ಪಾಠ ಶಾಲೆಗಳನ್ನಿರಿಸಬೇಕು. ನದಿಯುಕೂಡಾ ಇದ್ದಲ್ಲಿ ಸರ್ವೋತ್ತಮ.

(c) ವೈದ್ಯಶಾಲೆಗಳಿಗೂ ಆಯುರ್ವೇದ ಪಾಠಶಾಲೆಗಳಿಗೂ ಪ್ರಕೃತದಲ್ಲಿ ದ್ರವ್ಯ ಸಂಪತ್ತು ಅನು ಕೂಲವಾಗಿರುವುದಿಲ್ಲ. ಸರ್ಕಾರದವರು, ಇಂಗ್ಲೀಷ್ ವೈದ್ಯಶಾಲೆಗಳಿಗೂ, ವೈದ್ಯವಿದ್ಯಾಶಾಲೆಗಳಿಗೂ ಸಹ ವಿನಿಯೋಗಿಸುತ್ತಿರುವ ದ್ರವ್ಯದಲ್ಲಿ ಅರ್ಧಭಾಗವನ್ನು ದೇಶೀಯ ವೈದ್ಯಶಾಲೆ ಮತ್ತು ವೈದ್ಯ ವಿದ್ಯಾಶಾಲೆ ಗಳಿಗೆ ವಿನಿಯೋಗಿಸಿದಲ್ಲಿ ದೇಶೀಯವೈದ್ಯವು, ಉತ್ತಮಸ್ಥಿತಿಗೆ ಬರುವುದರಲ್ಲಿ ಸಂಶಯವಿಲ್ಲ.

4. (a) ದೇಶೀಯವೈದ್ಯವು ಅತ್ಯುತ್ತಮಸ್ಥಿತಿಗೆ ಬರಬೇಕಾದಲ್ಲಿ :—

(1) ಮೇಧಾವಿಗಳಾದ ವಿದ್ಯಾರ್ಥಿಗಳು, ಮಹಾಪಂಡಿತರಾದ ವೈದ್ಯರ ಬಳಿಯಲ್ಲಿದ್ದುಕೊಂಡು ವಿದ್ಯಾಭ್ಯಾಸಮಾಡಬೇಕು.

(2) ಉಪಾಧ್ಯಾಯರು ಮತ್ತು ವಿದ್ಯಾರ್ಥಿಗಳೂ ಸಹಾ ಆಸ್ಪತ್ರೆ, ಪುಸ್ತಕಾಲಯ, ಭೌತಿಕಶಾಸ್ತ್ರ ಶಾಲೆ, ಪ್ರದರ್ಶನಶಾಲೆ ಇವುಗಳಲ್ಲಿ ಪ್ರವೇಶಿಸಿ ತಮ್ಮ ಕೆಲಸಗಳನ್ನು ಮಾಡುವದಕ್ಕಾಗಲೀ ಅಥವಾ ಮಾಡಿಸಿ ಕೊಳ್ಳುವದಕ್ಕಾಗಲೀ ಅನುಕೂಲಪಡಿಸಬೇಕು.

(3) ಉಪಾಧ್ಯಾಯರುಗಳಿಗೆಶಾಸ್ತ್ರವನ್ನು ಪರಿಶೀಲನಮಾಡುವದಕ್ಕೆ ಕಾಲವನ್ನು ವಿಭಾಗಿಸಿ ಕೊಡ ಬೇಕು. ಪ್ರಕೃತದಲ್ಲಿ ಸಮರ್ಪಕವಾದ ವೈದ್ಯವಿದ್ಯಾಶಾಲೆಯು ಎಲ್ಲಿಯೂ ಇರುವಂತೆ ಕಾಣುವುದಿಲ್ಲ.

(b) ಪ್ರಕೃತದಲ್ಲಿ ದೇಶೀಯ ವೈದ್ಯಕ್ಕೆ ನಮ್ಮ ದೇಶದಲ್ಲೆಲ್ಲಾ ಸಂಪೂರ್ಣವಾಗಿ ಅನುಕೂಲತೆ ಯನ್ನು ಪಡೆಯುವುದು ಅಸಾಧ್ಯವಾದಲ್ಲಿ ನಮ್ಮ ಔಷಧಿಯನ್ನು ಮನಃ ಪೂರ್ವಕವಾಗಿ ಅಪೇಕ್ಷಿಸುವ ಪ್ರಜೆಗಳಿಗೋಸ್ಕರ, ಅಲ್ಲಲ್ಲಿ ವೈದ್ಯಶಾಲೆಗಳನ್ನೂ, ವೈದ್ಯವಿದ್ಯಾ ಶಾಲೆಗಳನ್ನೂ ಸ್ಥಾಪಿಸಬೇಕು.

5. ಕಲ್ಕತ್ತಾ ಪ್ರಾಂತದ ವಿದ್ವಾಂಸರು, ನಮ್ಮ ಶಾಸ್ತ್ರದಲ್ಲಿಯೂ ಪಾಶ್ಚಾತ್ಯರಶಾಸ್ತ್ರದಲ್ಲಿಯೂ ಸಹ ಅತಿನಿಪುಣರಾಗಿರುವರು. ಪಾಶ್ಚಾತ್ಯರಶಾಸ್ತ್ರವು ಪುನಃಪುನಃ ವ್ಯತ್ಯಾಸವಾಗುತ್ತಿರುವುದರಿಂದ ಅದ ರಲ್ಲಿ ನಿಜಾಂಶವು ನಿಶ್ಚಯಿಸಲ್ಪಟ್ಟಿರುವುದಿಲ್ಲ. ಆದರೆ ಪಾಶ್ಚಾತ್ಯರಪರೀಕ್ಷಾಕ್ರಮವು ಬಹಳ ಸಮರ್ಪಕ ವಾಗಿರುವುದು. ಅವರ ಪರೀಕ್ಷಾಕ್ರಮದಲ್ಲಿಯುಕೂಡಾ ಪರ್ಯವಸಾನದಲ್ಲಿ ನಮ್ಮ ಶಾಸ್ತ್ರಸಿದ್ಧಾಂತವೇ ಸತ್ಯವಾದದ್ದೆಂದು ನಿಶ್ಚಯಿಸಲ್ಪಡುವುದೆಂದು ಉಭಯಶಾಸ್ತ್ರ ಪಾರಂಗತರಾದ, ಕಲ್ಕತ್ತಾ ವಿದ್ವಾಂಸರು ನಿಶ್ಚಯಿಸಿರುವುದು ಸಂಪೂರ್ಣವಾಗಿಯೂ ನ್ಯಾಯವಾಗಿರುವುದು. ಆದ್ದರಿಂದ ಅವರ ತೀರ್ಮಾನವನ್ನು ನಾವುಗಳೆಲ್ಲರೂ ಮನಃ ಪೂರ್ವಕವಾಗಿ ಸ್ವೀಕರಿಸಬೇಕು.

ಪಾಶ್ಚಾತ್ಯರು ತಮ್ಮ ಶಾಸ್ತ್ರೀಯಪದಾರ್ಥಗಳನ್ನು, ಯಾವ ಕ್ರಮದಲ್ಲಿ ಶೋಧನೆಮಾಡುವರೋ ಆಕ್ರ ಮದಲ್ಲಿಯೇ ನಮ್ಮ ಶಾಸ್ತ್ರೀಯ ಪದಾರ್ಥಗಳನ್ನು ಕ್ರಮವಾಗಿ ಶೋಧನೆಮಾಡಿದಲ್ಲಿ ಸತ್ಯವಾದ ಫಲಿತಾಂಶ ದಲ್ಲಿ ಎರಡು ಒಂದೇ ಆಗುವುದು. ಬೆಲ್ಲವು ಸಮಸ್ತದೇಶದಲ್ಲಿಯೂ, ಮಧುರವಾಗಿಯೇ ಇರುವುದು. ಮೆ ಣಸು ಸಮಸ್ತ ದೇಶದಲ್ಲಿಯೂ, ಕಾರವಾಗಿಯೇ ಇರುವುದು.

6. ಪಾಶ್ಚಾತ್ಯರ ಭೌತಿಕಶಾಸ್ತ್ರ ಮೊದಲಾದವುಗಳನ್ನು, ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆಯನ್ನು ಸಹ, ಆಯುರ್ವೇದಶಾಸ್ತ್ರದ ಜೊತೆಯಲ್ಲಿ, ಸ್ವಲ್ಪಮಟ್ಟಿಗೆ ಅವುಗಳಲ್ಲಿ ಮುಖ್ಯಾಂಶಗಳನ್ನು ಮಾತ್ರ ಕಲಿಸುವುದು ಯುಕ್ತವಾಗಿದೆ

(a) ನಮ್ಮ ಭರತ ಖಂಡದಲ್ಲಿ ಸಮಸ್ತ ದೇಶಗಳಲ್ಲಿಯೂ, ಆಯಾ ದೇಶಭಾಷೆಯಲ್ಲಿ ವೈದ್ಯಗ್ರಂಥಗಳಿರುವುವು, ಮತ್ತು ಆಯಾಯ ದೇಶಭಾಷೆಗಳಿಗೆ ಭಾಷಾಂತರಮಾಡಲ್ಪಟ್ಟ, ಸಂಸ್ಕೃತ ಗ್ರಂಥಗಳುಕೂಡ ಅನೇಕವಾಗಿರುವುವು. ಕೇವಲ ದೇಶಭಾಷೆಯಲ್ಲಿರುವ ಗ್ರಂಥಗಳನ್ನು ಮಾತ್ರಾ ವ್ಯಾಸಂಗಮಾಡಿದವನನ್ನು ಮೊದಲನೆ ತರಗತಿಯ ವೈದ್ಯನೆಂದು ಭಾವಿಸಬಹುದು. ಇಂಗ್ಲೀಷ್ ಭಾಷೆಯಲ್ಲಿ ಪರಿಚಯವುಳ್ಳವನಾಗಿ, ಪಾಶ್ಚಾತ್ಯರ ವೈದ್ಯಶಾಸ್ತ್ರಕ್ಕೆ ಸಂಬಂಧಪಟ್ಟ ಭೌತಿಕಶಾಸ್ತ್ರ ಮೊದಲಾದವುಗಳಲ್ಲಿ, ಮುಖ್ಯವಾದ ಭಾಗಗಳನ್ನು ವ್ಯಾಸಂಗಮಾಡಿ, ಆಯಾಯ ದೇಶಭಾಷೆಯಲ್ಲಿರುವ ಆಯುರ್ವೇದ ಶಾಸ್ತ್ರವನ್ನು ವ್ಯಾಸಂಗಮಾಡಿದವನನ್ನು, ಎರಡನೇ ತರಗತಿ ವೈದ್ಯನೆಂದು ಭಾವಿಸಬಹುದು.

ಸಂಸ್ಕೃತ ವೈದ್ಯಶಾಸ್ತ್ರ ಗ್ರಂಥಗಳನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ವ್ಯಾಸಂಗಮಾಡಿ, ಪಾಶ್ಚಾತ್ಯ ಶಾಸ್ತ್ರದಲ್ಲಿ ಮುಖ್ಯಾಂಶಗಳನ್ನು, ದೇಶಭಾಷೆಯಲ್ಲಿ ವ್ಯಾಸಂಗಮಾಡಿರುವವನನ್ನು ಮೂರನೆ ತರಗತಿಯ ವೈದ್ಯನನ್ನಾಗಿ ಭಾವಿಸಬಹುದು.

ಸಂಸ್ಕೃತ ವೈದ್ಯಶಾಸ್ತ್ರವನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ವ್ಯಾಸಂಗಮಾಡಿ, ಇಂಗ್ಲೀಷ್ ಭಾಷೆಯಲ್ಲಿರುವ ಪಾಶ್ಚಾತ್ಯರ ಶಾಸ್ತ್ರದಲ್ಲಿ ಅಧಿಕವಾದ ಪರಿಶ್ರಮ ಉಳ್ಳವನನ್ನು ನಾಲ್ಕನೇ ತರಗತಿಯ ವೈದ್ಯನನ್ನಾಗಿ ಭಾವಿಸಬಹುದು.

(b) ವಿದ್ಯಾರ್ಥಿಯು (1) ಸ್ವದೇಶ ಭಾಷೆಯನ್ನು ತಿಳಿದವನಾಗಿ ಯಾಗಲೀ, (2) ಸ್ವದೇಶ ಭಾಷೆಯನ್ನೂ, ಇಂಗ್ಲೀಷ್ ಭಾಷೆಯನ್ನೂ ತಿಳಿದವನಾಗಿಯಾಗಲೀ, (3) ಸ್ವದೇಶ ಭಾಷೆಯನ್ನೂ, ಸಂಸ್ಕೃತವನ್ನೂ ತಿಳಿದವನಾಗಿಯಾಗಲೀ, (4) ಇಂಗ್ಲೀಷ್ ಮತ್ತು ಸಂಸ್ಕೃತ ಭಾಷೆಯನ್ನು ತಿಳಿದವನಾಗಿಯಾಗಲೀ ಇರಬೇಕು.

ಹಿಂದೆ ಉದಹರಿಸಿದವರಲ್ಲಿ ಒಂದೆರಡನೇ ತರಗತಿಯವರು ಎರಡು ವರುಷ ವಿದ್ಯಾಭ್ಯಾಸ ಮಾಡಬೇಕು. ಮೂರು ನಾಲ್ಕನೇ ತರಗತಿಯವರು ನಾಲ್ಕು ವರುಷ ವಿದ್ಯಾಭ್ಯಾಸ ಮಾಡಬೇಕು.

(c) ಉಪಾಧ್ಯಾಯರು ಆಯಾ ದೇಶಭಾಷೆಯಲ್ಲಿಯೂ, ಸಾಧ್ಯವಾದಮಟ್ಟಿಗೆ ಸಂಸ್ಕೃತ ಭಾಷೆಯಲ್ಲಿಯೂ ಸಹ, ವಿದ್ಯಾರ್ಥಿಯ ಯೋಗ್ಯತಾನುಗುಣವಾಗಿ ಬೋಧಿಸಬೇಕು.

ಮೈಸೂರು ಗವರ್ನಮೆಂಟ್ ಆಯುರ್ವೇದಿಕ್ ಕಾಲೇಜಿನ ಪಾಠಕ್ರಮಗಳನ್ನು ಕೂಡ ಇದರಜೊತೆಯಲ್ಲಿ ಕಳುಹಿಸಿದೇನೆ

7. ಹಿಂದೂ ವೈದ್ಯರನ್ನೂ ಕೂಡ ಮೆಡಿಕಲ್ ರಿಜಿಸ್ಟ್ರೇಷನ್ನಿಗೆ ಸೇರಿಸಬೇಕಾದದ್ದು ಅತ್ಯವಶ್ಯಕವಾದದ್ದು. ಹಾಗೆ ಸೇರಿಸದೇ ಇದ್ದಲ್ಲಿ, ಹಿಂದೂ ವೈದ್ಯವು ಅಭಿವೃದ್ಧಿಯಾಗಬೇಕೆಂದು ಶ್ರಮಪಡುವುದು ವ್ಯರ್ಥವಾಗುವುದು.

(a) ರಾಜಧಾನಿಯಲ್ಲಿ ಪ್ರಕೃತದಲ್ಲಿ ಪ್ರಸಿದ್ಧರಾಗಿಯೂ, ದಯಾಳುಗಳಾಗಿಯೂ ಇರುವ ಕೆಲವರು ವೈದ್ಯರನ್ನು ಸೇರಿಸಿ ಒಂದು ಸಂಘವನ್ನು ಏರ್ಪಡಿಸಬೇಕು. ಸರ್ಕಾರದಲ್ಲಿ ಬಹುಮಾನವನ್ನು ಪಡೆಯಬೇಕೆಂದಪೇಕ್ಷಿಸುವ ವೈದ್ಯರೆಲ್ಲರೂ ಆ ಸಂಘದವರಿಂದ ಪರೀಕ್ಷಿಸಲ್ಪಟ್ಟ ಯೋಗ್ಯತಾ ಪತ್ರಿಕೆಯನ್ನು ಪಡೆಯಬೇಕು. ಅನೇಕ ಗ್ರಾಮಗಳಲ್ಲಿ ವಂಶ ಪಾರಂಪರ್ಯವಾಗಿ ವೈದ್ಯರಾಗಿರುವವರು ಅನೇಕರಿರುವರು. ಅವರು ಅತ್ಯುತ್ತಮವಾದ ಒಂದೆರಡು ಔಷಧಗಳನ್ನಾದರೂ ತಿಳಿದಿರುವರು. ಆ ಔಷಧಗಳನ್ನು ಸಂಗ್ರಹಿಸಿ ಇತರ ವೈದ್ಯರುಗಳಿಗೆ ಕಲಿಸಿ ದೇಶಕ್ಕೆ ಉಪಕಾರಮಾಡಬೇಕು. ಸಂಘದವರಿಗೆ ಪರೀಕ್ಷೆಯನ್ನು ಕೊಡುವುದಕ್ಕೆ ಸಾಮರ್ಥ್ಯವಿಲ್ಲದೆ ಇದ್ದಾಗ್ಯೂ, ತಾವು ವಾಸವಾಗಿರುವ ಗ್ರಾಮದಲ್ಲಿಯೂ, ಸಮೀಪ ಗ್ರಾಮಗಳಲ್ಲಿಯೂ ಸಹ, ಕಷ್ಟಸಾಧ್ಯವಾದ ವ್ಯಾಧಿಗಳನ್ನು ಸಹ ಗುಣಮಾಡಿ ಪ್ರಸಿದ್ಧಿಯನ್ನು ಪಡೆದಿರುವ ಕೆಲವರು ವೈದ್ಯರು ಇರುವರು, ಅವರನ್ನು ಕೂಡಾ ಅವಶ್ಯಕವಾಗಿ ಮೆಡಿಕಲ್ ರಿಜಿಸ್ಟರಿನಲ್ಲಿ ಸೇರಿಸಬೇಕು.

(b) ಪ್ರಕೃತದಲ್ಲಿ ಅನೇಕ ಇಂಗ್ಲೀಷ್ ವೈದ್ಯರು ಹಿಂದೂ ವೈದ್ಯಶಾಸ್ತ್ರವನ್ನು, ಅನ್ಯಾಯವಾಗಿ ದೂಷಿಸುತ್ತಾ ಅದಕ್ಕೆ ವಿರೋಧಿಗಳಾಗಿರುವರು ಆದ್ದರಿಂದ ಹಿಂದೂ ವೈದ್ಯರನ್ನು ವಿಚಾರಮಾಡತಕ್ಕ ಅಧಿಕಾರವನ್ನು ಇಂಗ್ಲೀಷ್ ವೈದ್ಯರಿಗೆ ಕೊಡದೇ ಇರುವುದೇ ನ್ಯಾಯವಾಗಿರುವುದು.

8. ಹಿಂದೂ ವೈದ್ಯ ಶಾಸ್ತ್ರದಲ್ಲಿ ಸುವರ್ಣ ಮತ್ತು ರತ್ನ ಮಿಶ್ರವಾದ ಔಷಧಗಳು ಅನೇಕವಾಗಿರುವವು. ಅವುಗಳ ಬೆಲೆಯು ಇಂಗ್ಲೀಷ್ ಔಷಧಕ್ಕಿಂತಲೂ ಬಹಳ ಹೆಚ್ಚಾಗುವ ವಿಷಯದಲ್ಲಿ ಯಾವ ಸಂಶಯವೂ ಇರುವುದಿಲ್ಲ.

ಸಾಮಾನ್ಯವಾದ ಔಷಧಗಳ ಬೆಲೆಯು ದೇಶಾಂತರದ ಔಷಧಕ್ಕಿಂತಲೂ ಕಡಿಮೆಯಾಗುವುದು. ದೇಶಾಂತರದ ಔಷಧಗಳಿಗೆ ಬಾಡಿಗೆಯು ಪ್ರಾಯಶಃ ಔಷಧದ ಕ್ರಯಕ್ಕಿಂತಲೂ ಅಧಿಕವಾಗಬಹುದೆಂದು ತೋರುತ್ತದೆ. ಆದ್ದರಿಂದ ದೇಶಾಂತರದ ಸಾಮಾನ್ಯವಾದ ಔಷಧಗಳಿಗೂ ಕೂಡ ನಾವು ಹೆಚ್ಚು ಬೆಲೆಯನ್ನು ಕೊಡಬೇಕಾಗುವುದು. ಆ ಬೆಲೆಗೆ ಇಲ್ಲಿ ನಾವು ಉತ್ತಮವಾದ ಔಷಧವನ್ನು ಮಾಡಬಹುದು. ನಮ್ಮ ಸಾಮಾನ್ಯವಾದ ಔಷಧಗಳ, ದೇಶಾಂತರದ ಸಾಮಾನ್ಯವಾದ ಔಷಧಿಗಳಿಗಿಂತಲೂ ಕಡಿಮೆ ಬೆಲೆಯಲ್ಲಾಗುವುದೆಂಬ ವಿಷಯದಲ್ಲಿ ಸಂಶಯಪಡಬೇಕಾದ್ದಿಲ್ಲ. ನಮಗೆ ಬೇಕಾದ ಪದಾರ್ಥಗಳು ಇಲ್ಲಿ ದೊರೆಯದೇ ಇದ್ದಲ್ಲಿ ದೇಶಾಂತರದವರು ಕೇಳಿದಷ್ಟು ಬೆಲೆಯನ್ನು ಕೊಟ್ಟು ಕೊಂಡುಕೊಳ್ಳುವುದು ನ್ಯಾಯವಾಗಿಯೇ ಇರುವುದು.

9. ಪೂರ್ವದಲ್ಲಿ ಹಿಂದೂ ರಾಜರೆಲ್ಲರೂ ಆಯುರ್ವೇದೌಷಧಗಳನ್ನೇ ಸೇವಿಸುತ್ತಿದ್ದರು ಅವರನ್ನು ಅನುಸರಿಸಿ ಅಧಿಕಾರಮಾಡುವವರೂ, ಧನಿಕರೂ ಸಹ ಸ್ವದೇಶೀಯ ಔಷಧಿಯನ್ನೇ ಸೇವಿಸುತ್ತಿದ್ದರು. ಅವರನ್ನನುಸರಿಸಿ ಸಾಮಾನ್ಯ ಜನರು ಕೂಡಾ ನಮ್ಮ ಔಷಧವನ್ನೇ ಸೇವಿಸುತ್ತಿದ್ದರು. ಈಗಿನ ವಿದೇಶೀಯ ವೈದ್ಯರಿಗೆ ಮರ್ಯಾದೆಯೂ, ಧನಸಮೃದ್ಧಿಯೂ ಇರುವಂತೆ ನಮ್ಮ ದೇಶೀಯ ವೈದ್ಯರಿಗೂ, ರಾಜ್ಯದಲ್ಲಿ ವಿಶೇಷ ಸನ್ಮಾನವೂ, ಧನ ಸಮೃದ್ಧಿಯೂ ಇತ್ತು.

ಮಹಮ್ಮದೀಯರು ರಾಜ್ಯಭಾರಮಾಡುವ ಸಮಯದಲ್ಲಿ ನಮ್ಮ ವೈದ್ಯದ ಜೊತೆಗೆ ಮಹಮ್ಮದೀಯರ ವೈದ್ಯವೂ ಪ್ರಾರಂಭವಾಯಿತು. ಅನಂತರ ಹಿಂದೂ ರಾಜರು ಕೂಡಾ ಎರಡು ವೈದ್ಯಗಳನ್ನೂ ಪ್ರೋತ್ಸಾಹಗೊಳಿಸುತ್ತಿದ್ದರು. ಇಂಗ್ಲೀಷರ ರಾಜ್ಯಭಾರ ಪ್ರಾರಂಭವಾದ ಮೇಲೆ ಇಂಗ್ಲೀಷ್ ಔಷಧಿಗಳು ಪ್ರಚಾರಕ್ಕೆ ಬಂದವು. ಪ್ರಾರಂಭದಲ್ಲಿ ಹಿಂದೂ ರಾಜರು ಇಂಗ್ಲೀಷರ ಔಷಧಿಗಳನ್ನು ತಾವು ಸ್ವೀಕರಿಸದೇ ಇದ್ದಾಗ್ಯೂ, ಇಂಗ್ಲೀಷ್ ವೈದ್ಯರಿಗೆ ಹಿಂದೂ ವೈದ್ಯರಿಗಿಂತಲೂ, ಅಧಿಕವಾಗಿ ಹಣವನ್ನೂ ಮತ್ತು ಮರ್ಯಾದೆಯನ್ನೂ ಅವಶ್ಯಕವಾಗಿಯೂ ಕೊಡಬೇಕಾಯಿತು. ಹೀಗೆ ಕೆಲವು ಕಾಲಕಳೆದನಂತರ ಇಂಗ್ಲೀಷರ ಸರ್ಕಾರದಲ್ಲಿ ಕೆಲಸಮಾಡುವ ಸಮಸ್ತ ಜನರೂ ವ್ಯಾಧಿಪ್ರಯುಕ್ತ ವಿಶ್ರಾಂತಿಯನ್ನು ಪಡೆಯಬೇಕಾದಲ್ಲಿ ಇಂಗ್ಲೀಷ್ ವೈದ್ಯರ ಅನುಮತಿ ಇರಬೇಕೆಂದು ಕಾನೂನು ಪ್ರಚಾರದಲ್ಲಿ ಬಂತು. ಇದರಿಂದ ಸಮಸ್ತ ಸರ್ಕಾರೀ ನೌಕರರೂ ಇಂಗ್ಲೀಷ್ ಔಷಧವನ್ನೇ ತೆಗೆದುಕೊಳ್ಳಬೇಕೆಂದು ನಿರ್ಬಂಧಪಡಿಸಿದಂತಾಯಿತು. ಸರ್ಕಾರೀ ನೌಕರರೆಲ್ಲರೂ ಇಂಗ್ಲೀಷ್ ಔಷಧಗಳನ್ನೇ ತೆಗೆದುಕೊಳ್ಳುವುದಕ್ಕೆ ಪ್ರಾರಂಭಿಸಿದರು. ಅನಂತರ ಧನಿಕರೆಲ್ಲರೂ ಸರ್ಕಾರದ ಉದ್ಯೋಗಸ್ತರನ್ನನುಸರಿಸಿದರು. ದೇಹಾಲಸ್ಯ ಪ್ರಯುಕ್ತ ಕೋರ್ಟು, ಕಚೇರಿಗಳಿಗೆ ಹೋಗಲು, ಅಶಕ್ತರಾಗಿರುವ ಇತರ ಜನಗಳೂ ಕೂಡ, ಕೋರ್ಟಿಗೆ ಹೋಗದೇ ಇದ್ದಲ್ಲಿ ತಾವು ಗುರಿಯಾಗಬೇಕಾದ ಶಿಕ್ಷೆಯನ್ನು ಪರಿಹಾರಮಾಡಿ ಕೊಳ್ಳುವುದಕ್ಕಾಗಿ ಇಂಗ್ಲೀಷ್ ವೈದ್ಯರ ಅನುಮತಿಯನ್ನು ಪಡೆಯಬೇಕಾಯಿತು. ಹೀಗೆ ಸಮಸ್ತ ಜನರೂ ಇಂಗ್ಲೀಷ್ ವೈದ್ಯರ ಅಧಿಕಾರದಿಂದ ಬಂಧಿಸಲ್ಪಟ್ಟದ್ದರಿಂದ ನಮ್ಮ ದೇಶೀಯ ವೈದ್ಯರು ಸಮಸ್ತ ಭಾಗದಲ್ಲಿಯೂ, ಹೀನಸ್ಥಿತಿಗೆಬಂದರು. ಪ್ರಾಯಶಃ ವೈದ್ಯರೆಲ್ಲರೂ ತಮ್ಮ ಕುಲಕ್ರಮವಾಗಿ ಬಂದ ವಿದ್ಯೆಯನ್ನು ಬಿಟ್ಟು ಬೇರೇ ಜೀವನೋಪಾಯವನ್ನವಲಂಬಿಸಿದರು. ಎಷ್ಟು ಜನ ಪೋಲೀಸಿನವರಿದ್ದಾಗ್ಯೂ, ಅಲ್ಲಲ್ಲಿ ಕಳ್ಳರು ಜೀವಿಸಿಕೊಂಡಿರುವಂತೆ ಇಷ್ಟು ಶ್ರಮಕಾಲದಲ್ಲಿಯೂ ದೇಶೀಯ ವೈದ್ಯವು ಅಲ್ಲಲ್ಲಿ ಸ್ವಲ್ಪ ಮಟ್ಟಿಗೆ ಜೀವಿಸಿಕೊಂಡಿರುವುದು.

ತನ್ನ ಸುಂದರವಾದ ಉಪ್ಪರಿಗೆಯಲ್ಲಿ ಸುಖವಾಗಿರುವ ಧನಿಕನನ್ನು ಕಳ್ಳರು ಕಟ್ಟಿಹಾಕಿ ಅವನ ಸರ್ವಸ್ವವನ್ನೂ ಅಪಹರಿಸಿ, ಅವನಿಗೆ ಆಹಾರವನ್ನು ಕೊಡದೆ, ಕಾಡಿನಲ್ಲಿ ಬಿಸಾಟು ಹೊರಟುಹೋದಲ್ಲಿ, ಕರುಣಾಳುವಾದ ಪುಣ್ಯಾತ್ಮನು ಅವನ ದುರವಸ್ಥೆಯನ್ನು ನೋಡಿದಲ್ಲಿ, ಮೊದಲು ಅವನ ಬಂಧನವನ್ನು ಬಿಚ್ಚಿಹಾಕಿ ಅನಂತರ ಅವನಿಗೆ ಆಹಾರವನ್ನು ಕೊಟ್ಟು ಅವನು ಚೇತರಿಸಿಕೊಂಡನಂತರ ಅವನನ್ನು ಸ್ವಂತ ಮನೆಗೆ ತಲುಪಿಸುವಂತೆ, ಕೇವಲದೌರ್ಭಾಗ್ಯ ದೆಶೆಯಲ್ಲಿರುವ ಸ್ವದೇಶೀಯ ವೈದ್ಯರನ್ನೂ ಪುಣ್ಯಾತ್ಮರು ಉದ್ಧಾರಮಾಡಬೇಕಾದಲ್ಲಿ (1) ಮೊದಲು ಅದರ ಬಂಧನವನ್ನೂ ಬಿಡಿಸಿ, (2) ಅನಂತರ ಅದಕ್ಕೆ ಜೀವನವನ್ನು ಕೊಟ್ಟು, (3) ಅನಂತರ ಅದನ್ನು ಉತ್ತಮ ಸ್ಥಾನದಲ್ಲಿರಿಸಬೇಕಾಗುವುದು.

ಸರ್ಕಾರಿ ನೌಕರರು ಮತ್ತು ಇತರರೂ ಸಹಾ ತಮಗೆ ದೇಹಾಲಸ್ಯವಾದಲ್ಲಿ, ಸ್ವದೇಶೀಯ ವೈದ್ಯರಲ್ಲಿ ಔಷಧವನ್ನು ಸ್ವೀಕರಿಸಬಹುದೆಂತಲೂ, ಅವರ ಅನುಮತಿಯಂತೆ ಜನರಿಗೆ ವಿಶ್ರಮಿಸಿಕೊಳ್ಳುವುದಕ್ಕೆ ಅಪ್ಪಣೆಯನ್ನು ಕೊಡುವಂತೆಯೂ ಸರ್ಕಾರದವರು ಅಭಯವನ್ನು ಕೊಟ್ಟಲ್ಲಿ ದೇಶೀಯ ವೈದ್ಯದ ಬಂಧ ನಿವೃತ್ತಿಯಾಗುವುದು.

ದೇಶದಲ್ಲೆಲ್ಲಾ ಪರದೇಶದ ಔಷಧಾಲಯಗಳ ಜೊತೆಯಲ್ಲಿ, ದೇಶೀಯ ವೈದ್ಯಶಾಲೆಗಳನ್ನಿಟ್ಟು, ದೇಶೀಯ ವೈದ್ಯರಿಗೆ ಜೀವನವನ್ನು, ಪುರಸ್ಕಾರವನ್ನು ಕೊಟ್ಟಲ್ಲಿ, ದೇಶೀಯ ವೈದ್ಯಕ್ಕೆ ಜೀವನವನ್ನು ಕಲ್ಪಿಸಿದಂತಾಗುವುದು.

ಚಕ್ರಾಧಿಪತಿಗಳು ದೇಶೀಯ ಔಷಧವನ್ನು ಸೇವಿಸಿ, ದೇಶೀಯ ವೈದ್ಯರನ್ನು ಪುರಸ್ಕರಿಸಿದಲ್ಲಿ ದೇಶೀಯ ವೈದ್ಯವು ತನ್ನ ಸ್ವಸ್ಥಾನವನ್ನು ತಲಪಿದಂತಾಗುವುದು.

10. ದೇಶೀಯ ವೈದ್ಯಾಭಿವೃದ್ಧಿಗಾಗಿ ಸಮಸ್ತರೂ ಸಹಾಯ ಮಾಡಬೇಕಾಗಿರುವುದು—

(a) ರಾಜ್ಯಭಾರಮಾಡುವವರು ಯಥೇಷ್ಟವಾಗಿ ದ್ರವ್ಯವನ್ನು ವಿನಿಯೋಗಿಸಿ ಸ್ವದೇಶೀಯ ವೈದ್ಯಶಾಲೆಗಳನ್ನೂ ವಿದ್ಯಾಶಾಲೆಗಳನ್ನೂ ಸ್ಥಾಪಿಸಬೇಕು. ಅರಣ್ಯದಲ್ಲಿ ಕೆಲಸಮಾಡುವ ಸರ್ಕಾರೀ ನೌಕರರಿಗೆ ಸ್ವದೇಶೀಯ ವೈದ್ಯಶಾಲೆಗಳಿಗೆ ಬೇಕಾಗುವ ಮೂಲಿಕೆಗಳನ್ನು ಒದಗಿಸಿಕೊಡುವಂತೆ ಅಪ್ಪಣೆಮಾಡಬೇಕು.

ಸ್ವದೇಶೀಯ ವೈದ್ಯಶಾಲೆಗಳೂ ವಿದ್ಯಾಶಾಲೆಗಳು ಸಹಾ ಸಮಸ್ತ ಜನರಿಗೂ ವಿಶೇಷ ಪ್ರಯೋಜನಕರವಾಗಿರುವುದರಿಂದ ಅವುಗಳನ್ನು ಅಭಿವೃದ್ಧಿಗೊಳಿಸುವುದರಲ್ಲಿ ಸರ್ಕಾರದವರು ವಿಶೇಷ ಕುತೂಹಲದಿಂದ ಪ್ರಯತ್ನಪಟ್ಟಿರುವ ಸಂಗತಿಯನ್ನು ಓದುಬರಹ ಕಲಿತಿರುವ ಸಮಸ್ತಜನಗಳಿಗೂ ತಿಳಿಯಪಡಿಸುವಂತೆ ಸರ್ಕಾರೀ ಪತ್ರಿಕೆಯಲ್ಲಿ ಪ್ರಸಿದ್ಧಪಡಿಸಬೇಕು.

ಮೇಲ್ಕಂಡ ವಿಷಯವನ್ನು ಓದು ಬರಹ ಬಾರದಿರುವ ಜನಗಳಿಗೆ ತಿಳಿಯಪಡಿಸುವಂತೆ ಪಟೇಲ ಶ್ಯಾನುಭೋಗರಿಗೆ ಅಪ್ಪಣೆಮಾಡಿ ಅವರು ಈ ಕೆಲಸವನ್ನು ಮನಃಪೂರ್ವಕವಾಗಿ ನೆರವೇರಿಸುವುದಕ್ಕಾಗಿ, ಅವರಿಗೆ ಮೇಲ್ಪಟ್ಟ ಅಧಿಕಾರಗಳಿಗೆ ವಿಚಾರಣೆಮಾಡುವಂತೆ ಅಪ್ಪಣೆಮಾಡಬೇಕು.

ಸರ್ವ ವಿದ್ಯಾನಿಲಯದವರಿಗೂ, ಮುನಿಸಿಪಾಲಿಟಿಯವರಿಗೂ, ದೇಶೀಯ ವೈದ್ಯವನ್ನು ಅಭಿವೃದ್ಧಿಗೊಳಿಸುವುದಕ್ಕಾಗಿ ತಕ್ಕ ಏರ್ಪಾಡು ಮಾಡಬೇಕೆಂದು ಶಿಫಾರಸ್ ಮಾಡಬೇಕು.

(b) ಮುನಿಸಿಪಾಲಿಟಿಯವರು ಇತರ ವಿದ್ಯಾಶಾಲೆಗಳಿಗೂ, ವೈದ್ಯಶಾಲೆಗಳಿಗೂ ಸಹಾಯಮಾಡಿ ಅವುಗಳನ್ನು ಅಭಿವೃದ್ಧಿಗೊಳಿಸುತ್ತಿರುವಂತೆ, ಸ್ವದೇಶೀಯ ವೈದ್ಯ ವಿದ್ಯಾಶಾಲೆಗಳನ್ನು ಸ್ಥಾಪಿಸಿ ಅವುಗಳನ್ನು ಅಭಿವೃದ್ಧಿಗೊಳಿಸಬೇಕು. ಪ್ರಾರಂಭದಲ್ಲಿ ಈ ವಿದ್ಯಾಶಾಲೆಗೆ ವಿದ್ಯಾರ್ಥಿಗಳನ್ನು ಒದಗಿಸುವುದು ಶ್ರಮಸಾಧ್ಯವಾದ್ದರಿಂದ ವಿದ್ಯಾರ್ಥಿವೇತನವನ್ನು ಕೊಡಿಸಬೇಕು.

ಪಟ್ಟಣದಲ್ಲಿ ಸ್ವದೇಶೀಯ ವೈದ್ಯದಿಂದ ಬಹು ಶ್ರಮಪಟ್ಟು ಜೀವನಮಾಡುತ್ತಿರುವ ವೈದ್ಯರಿಗೆಲ್ಲಾ ಅವರವರ ಯೋಗ್ಯತಾನುಸಾರ ದ್ರವ್ಯ ಸಹಾಯಮಾಡಿ ಅವರನ್ನು ಪುರಸ್ಕರಿಸಬೇಕು.

ಪಟ್ಟಣದಲ್ಲಿ ವನೋಪವನನ್ನಿರತಕ್ಕ ಪ್ರದೇಶಗಳಲ್ಲೆಲ್ಲಾ ದೇಶೀಯ ವೈದ್ಯಕ್ಕನುಕೂಲವಾದ ವೃಕ್ಷಲತಾದಿಗಳನ್ನು ಅಭಿವೃದ್ಧಿಗೊಳಿಸಿದಲ್ಲಿ ಪಟ್ಟಣದ ಆರೋಗ್ಯ ಸ್ಥಿತಿಯು ಸಂಪೂರ್ಣವಾಗಿ ಸಮರ್ಪಕವಾಗುವುದು ಮತ್ತು ಈ ಮೂಲಿಕೆಗಳಿಂದ ವೈದ್ಯಶಾಲೆಗಳಿಗೆ ವಿಶೇಷ ಪ್ರಯೋಜನ ಉಂಟಾಗುವುದು.

ಪಟ್ಟಣದಲ್ಲಿರುವ ಭಕ್ಷ್ಯಶಾಲೆಗಳಲ್ಲಿ ಜನಗಳು ಕಾಫಿ, ತಿಂಡಿಯನ್ನು ಸೇವಿಸುವುದು ಆರೋಗ್ಯಕ್ಕೆ ನ್ಯೂನತೆಯನ್ನುಂಟು ಮಾಡುತ್ತಿರುವುದರಿಂದ ಪರಸ್ಥಳದ ಜನಗಳು ಹಸಿವಿನಿಂದ ಪೀಡಿತರಾಗದಂತೆ ಕೇವಲ ಭೋಜನ ಶಾಲೆಗಳನ್ನು ಮಾತ್ರ ಉಳಿಸಿ, ಭಕ್ಷ್ಯಶಾಲೆಗಳನ್ನು ತೆಗೆದುಬಿಟ್ಟಲ್ಲಿ ಪಟ್ಟಣದ ಆರೋಗ್ಯ ಸ್ಥಿತಿಯು, ಅಭಿವೃದ್ಧಿಯಾಗಿ, ಔಷಧಿಯ ಖರ್ಚು ಕಡಿಮೆಯಾಗುವುದು.

ತಿಂಡಿಗೋಸ್ಕರ ಹುಡುಗರು ಮನೆಯಲ್ಲಿ ಸ್ವಲ್ಪಕಳುವನ್ನು ಮಾಡುತ್ತಿರುವುದರಿಂದ ಭಕ್ಷ್ಯಶಾಲೆಯನ್ನು ತಪ್ಪಿಸಿದಲ್ಲಿ ಹುಡುಗರಿಗೆ ನೀತಿಯನ್ನು ಕೂಡ ಕಲಿಸಿದಂತಾಗುವುದು. ಬಾಲ್ಯದಿಂದಲೂ, ನೀತಿಮಾರ್ಗದಲ್ಲಿದ್ದವರು ಯೌವ್ವನದಲ್ಲಿ ನೀತಿಮಾರ್ಗವನ್ನು ಬಿಟ್ಟು ನಡಿಯುವ್ರದು ಬಹಳ ಅಪರೂಪ.

(c) ಸಕಲ ವಿದ್ಯಾನಿಲಯದವರು ಸ್ವದೇಶೀಯ ವೈದ್ಯವನ್ನು ಕೂಡ ಒಂದು ಭಾಗವನ್ನಾಗಿ ಇಟ್ಟುಕೊಳ್ಳಬೇಕು. ಇವರೂ ಕೂಡಾ ಸ್ವದೇಶೀಯ ವೈದ್ಯದ ಪ್ರೌಢ ವಿದ್ಯಾಭ್ಯಾಸಕ್ಕಾಗಿ ಮಹಾ ಪಾಠಶಾಲೆಯನ್ನು ಸ್ಥಾಪಿಸಿ ವಿದ್ಯಾಭ್ಯಾಸ ಮಾಡತಕ್ಕ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ವಿದ್ಯಾರ್ಥಿವೇತನವನ್ನು ಕಲ್ಪಿಸಬೇಕು.

ನಮ್ಮ ಔಷಧವನ್ನು ಪಾಕಮಾಡುವುದರಲ್ಲಿ ನಮ್ಮ ಶಾಸ್ತ್ರೀಯ ಕ್ರಮಕ್ಕಿಂತಲೂ, ದೇಶಾಂತರದವರ ನವೀನಪಾಕಕ್ರಮವು ಸೌಕರ್ಯವಾಗಿದ್ದಲ್ಲಿ, ನಮ್ಮ ಔಷಧವನ್ನು ಕೂಡ ದೇಶಾಂತರದವರ ನವೀನ ಪಾಕಕ್ರಮದಲ್ಲಿ ಪಾಕಮಾಡುವುದನ್ನು ಕಲಿಸುವುದಕ್ಕೆ ತಕ್ಕ ಏರ್ಪಾಡುಮಾಡಬೇಕು.

ಸಂಸ್ಕೃತ ಭಾಷೆಯಲ್ಲಿರುವ ವೈದ್ಯಶಾಸ್ತ್ರವನ್ನು ಅನೇಕ ಭಾಷೆಗಳುಳ್ಳ ನಮ್ಮ ರಾಜ್ಯದಲ್ಲಿ ಒಂದೆ ಸಾಮಾನ್ಯವಾದ ಭಾಷೆಯಲ್ಲಿ ಕಲಿಯುವುದು ಅಸಾಧ್ಯವಾದ್ದರಿಂದ ಆಯಾ ದೇಶಭಾಷೆಯಲ್ಲಾಗಲೀ, ಸಂಸ್ಕೃತ ಭಾಷೆಯಲ್ಲಾಗಲೀ ಪರೀಕ್ಷೆಮಾಡುವುದಕ್ಕೆ ತಕ್ಕ ಏರ್ಪಾಡುಮಾಡಬೇಕು.

(d) ಸ್ವದೇಶೀಯ ವೈದ್ಯಾಭಿವೃದ್ಧಿಗಾಗಿ ಸರ್ಕಾರದವರ ಸಹಾಯವನ್ನೇ ನಿರೀಕ್ಷಿಸಿಕೊಂಡಿದ್ದಲ್ಲಿ ಸಂಪೂರ್ಣವಾಗಿ ಅವರ ಸಹಾಯ ದೊರೆಯುವುದು ಪ್ರಕೃತದಲ್ಲಿ ಅಸಾಧ್ಯವಾದ್ದರಿಂದಲೂ ದೇಶೀಯ ವೈದ್ಯವು

ಸಮಸ್ತ ಜನಗಳಿಗೂ ಪ್ರಯೋಜನಕಾರಿಯಾಗಿರುವುದರಿಂದಲೂ, ಸಮಸ್ತರೂ ತಮ್ಮ ತಮ್ಮ ಅನ್ನವಸ್ತ್ರಗಳಿಗೆ ಶ್ರಮಪಟ್ಟು ದ್ರವ್ಯವನ್ನು ಒದಗಿಸಿಕೊಳ್ಳುವಂತೆ, ಇದಕ್ಕಾಗಿ ಎಷ್ಟು ಶ್ರಮವಾದಾಗ್ಯೂ ಸ್ವಲ್ಪ ದ್ರವ್ಯವನ್ನು ಒದಗಿಸಿಕೊಡಬೇಕು.

ಐಶ್ವರ್ಯವಂತರಾಗಿರುವವರು ತಮ್ಮ ತಮ್ಮ ಯೋಗ್ಯತಾನುಸಾರವಾಗಿ, ದೇಶೀಯ ವೈದ್ಯಶಾಲೆಯನ್ನಾಗಲೀ ವಿದ್ಯಾಶಾಲೆಯನ್ನಾಗಲೀ ಸ್ಥಾಪಿಸಬೇಕು.

ವರ್ತಮಾನ ಪತ್ರಿಕೆಯವರು ಯಾವದೊಂದು ಪ್ರತಿಫಲವೂ ಇಲ್ಲದೆ ತಮ್ಮ ಪತ್ರಿಕೆಯಲ್ಲಿ ಆಯುರ್ವೇದೌಷಧಗಳನ್ನೂ ಅವುಗಳ ಪ್ರಯೋಜನವನ್ನೂ ಪ್ರಕಟಿಸಬೇಕು.

ವ್ಯಾಪಾರಿಗಳು ತಮ್ಮ ಸ್ವಪ್ರಯೋಜನದಲ್ಲಿ ದೃಷ್ಟಿ ಇಡದೆ ಸ್ವದೇಶೀಯ ಔಷಧಗಳನ್ನು ವಿಕ್ರಯಿಸಿ ವೈದ್ಯರಿಗೂ, ಜನಗಳಿಗೂ ಉಪಕಾರಮಾಡಬೇಕು.

ಎಲ್ಲಾ ಭಾಗದಲ್ಲಿಯೂ, ನಮ್ಮ ರಾಜ್ಯದಲ್ಲಿ ಬಹುಕಾಲದಿಂದ ಅನುಸರಿಸಿ ಬಂದಿರುವ ಜಾತಿ ಮೊದಲಾದವುಗಳಿಗೆ ವೈಷಮ್ಯಬಾರದಂತೆ ಏರ್ಪಾಡುಮಾಡಬೇಕು.

ಪ್ರಾಣದಾನದಲ್ಲಿಯೂ, ಪ್ರತಿ ಗೃಹದಲ್ಲಿಯೂ ಸಮಸ್ತ ಜನಗಳಿಗೂ ಶಾಸ್ತ್ರೀಯವಾದ ಅಧಿಕಾರವಿರುವುದರಿಂದಲೂ, ಪ್ರಾಣದಾನಕ್ಕಿಂತಲೂ ಅತಿಶಯ ಫಲವನ್ನುಕೊಡುವ ದಾನವು ಲೋಕದಲ್ಲಿಯೂ, ಶಾಸ್ತ್ರದಲ್ಲಿಯೂ ಇಲ್ಲವಾದ್ದರಿಂದಲೂ ಸಮಸ್ತರೂ ನಮ್ಮ ವೈದ್ಯವನ್ನು ಅಭಿವೃದ್ಧಿಗೊಳಿಸಿ, ಇಹದಲ್ಲಿ ಸರ್ವೋತ್ತಮವಾದ ಕೀರ್ತಿಯನ್ನು, ಪರಲೋಕದಲ್ಲಿ ಸರ್ವೋತ್ತಮವಾದ ಸೌಕರ್ಯವನ್ನೂ ಪಡೆಯಬೇಕೆಂದು ಭಗವಂತನನ್ನು ಪ್ರಾರ್ಥಿಸುವೆನು.

ಶ್ಲೋ॥ ಯದತ್ರ ಸೌಷ್ಟವಂ ಕಿಂಚಿತ್ತದ್ಗುರೋರೇವ ನೋಹಿ ।
ಯದತ್ರಾಸೌಷ್ಟವಂ ಕಿಂಚಿತ್ತನ್ಮಮೈವ ಗುರೋರ್ನಹಿ ॥

(1)

KAVIRAJ KAMAKSHI PRASAD SHARMA MAHASAYO.

୧ । ମୁଁ ଆୟୁର୍ବେଦ ଚିକିତ୍ସା ପ୍ରଣାଳୀ ଅନୁସାରେ ପ୍ରସ୍ତାବ କରୁଅଛି ।

୨ । (କ) ଆୟୁର୍ବେଦ ଶାସ୍ତ୍ର ଅନୁସାରେ ରୋଗମାନଙ୍କର ଉତ୍ପତ୍ତି କିପରି ହୁଏ, ତାହା ନିମ୍ନରେ ଜଣାଉଅଛି, ପ୍ରଥମ କାରଣ :—ମିଥ୍ୟାହାର ବିହାର; ଅନିୟମିତ ଆହାର ବିହାର ବଶତଃ ଯଥା :—ଦିବାନିଦ୍ରା କରିବା ଦ୍ୱାରା ପୀନସ ଆଘାତ ପ୍ରାପ୍ତ ଜନିତ ବାତ ଇତ୍ୟାଦି ରୋଗ ଭିନ୍ନ ଭିନ୍ନ କାରଣଦ୍ୱାରା ଆରମ୍ଭ ହୋଇ ଥାଏ, ଏବଂ ଆୟୁର୍ବେଦ ଶାସ୍ତ୍ରରେ ଅନ୍ୟ ପ୍ରକାର କାରଣ ମାନଙ୍କ ଦ୍ୱାରା ମଧ୍ୟ ରୋଗ ଆରମ୍ଭ ହୋଇଥାଏ, କିପରି, "ପ୍ରସଙ୍ଗାତ୍ ଗାତ୍ର ସଂସ୍ପର୍ଶାତ ନିଶ୍ୱାସାତ୍ ସହଭୋଜନାତ୍; ଏକାଶଯ୍ୟା ସନାତ୍ସପି ବସ୍ତ୍ର ମାଲ୍ୟାନୁଲେପନାତ୍, କୁଷ୍ଠଂଜ୍ୱରଂ ଚଶୋଷଂଚ ନେତ୍ରାଭିଷ୍ୟ ନ୍ଦିଏ ବଚ ଔପସର୍ଗିକ ରୋଗଂ ଚସଂକ୍ରାମନ୍ତିନରାନ୍ନରଂ",—ଅର୍ଥାତ୍ ପରସ୍ପର କଥା ବାର୍ତ୍ତା, ଦେହାକୁ ଦେହ ଲଗାଇବା ପରସ୍ପର ନିଶ୍ୱାସ ପ୍ରଶ୍ୱାସ ଆଦାନ ପ୍ରଦାନଦ୍ୱାରା ଗୋଟିଏ ଶେଯରେ ଦୁଇଜଣ ଏକାଠେ ନିଦ୍ରା କରିବା, ଲୁଗାମାଳା ଚନ୍ଦନ ଇତ୍ୟାଦି ଜଣକର ବ୍ୟବହୃତ ଅନ୍ୟଜଣେ ବ୍ୟବହାର କରିବା ଦ୍ୱାରା କୁଷ୍ଠ ଓ ଜ୍ୱରାଦିରୋଗ ପ୍ରଭୃତି ଆରମ୍ଭ ହୋଇ ଥାଏ, ଅନ୍ୟ ଏକ ପ୍ରକାର ରୋଗ ଅନିର୍ଦ୍ଦିଷ୍ଟ କାରଣ ବଶତଃ ଯଥା—ଭୂତ ପ୍ରେତ ଓ ଅଭିଶାପ ଦ୍ୱାରା ଆରମ୍ଭ ହୋଇ ଥିବାର ଆୟୁର୍ବେଦ ଶାସ୍ତ୍ରରେ ଉଲ୍ଲେଖ ଅଛି, ଏହି ଭୂତାଦି ରୋଗଗୁଡିକ ଆଗନ୍ତୁକ ରୋଗନାମରେ ପରିଚିତ ଅଟେ । ଅତଏବ ଆୟୁର୍ବେଦ ଶାସ୍ତ୍ରରେ ରୋଗ ଆରମ୍ଭର ଦୁଇ ଗୋଟି ପଥ ନିର୍ଦ୍ଦିଷ୍ଟ କରା ଯାଇ ଅଛି, ଯଥା-ଶାରୀରିକ ଆଗନ୍ତୁକ। କହିବାକୁ ଗଲେ ଆୟୁର୍ବେଦ ଶାସ୍ତ୍ରରେ ଯେତେ ପ୍ରକାର ରୋଗ ଆରମ୍ଭ ହୁଏ ତାହାର ମୂଳ କାରଣ ମିଥ୍ୟା-ହାର ଉପରେ ଆୟୁର୍ବେଦ ଶାସ୍ତ୍ର ଅନୁସାରେ ରୋଗ ଉତ୍ପତ୍ତିର ଯେତେ ଗୋଟି କାରଣ ଦିଆଗଲା ସେଥିରୁ କେତେକ ଅଂଶ ଆଧୁନିକ ବୈଜ୍ଞାନିକ ସମାଲୋଚନାର ମତ ସମର୍ଥନ କରି ନପାରେ ସୁତରାଂ ତାହା ନିମ୍ନରେ ଜଣାଉଅଛି । ଆଜି କାଲି ବିଜ୍ଞାନ ଯୁଗରେ ପାଶ୍ଚାତ୍ୟ ଶାସ୍ତ୍ରମତରେ ଡାକ୍ତର ମାନେ ରୋଗ ଆରମ୍ଭର କାରଣ ମିଥ୍ୟାହାର ବିହାର ଓ ଜୀବାଣୁ ଦ୍ୱାରା ମଧ୍ୟ ହୋଇ ଥାଏ ବୋଲି କହିଥାନ୍ତି ଏବଂ ଗୃହ ପରିଷ୍କାର ରଖିବାକୁ ହେବ, ଶୁଭ୍ର ବସ୍ତ୍ର ଶୁଭ୍ର ଶଯ୍ୟା, ଉପଯୁକ୍ତ ଅଥଚ ଉପକାରୀ ଖାଦ୍ୟ ଭୋଜନ କରିବାକୁ ହେବ, ଅନ୍ୟର କୌଣସି ବ୍ୟବହୃତ ପଦାର୍ଥ ବ୍ୟବ-ହାର କରିବାକୁ ହେବ ନାହିଁ, ଇତ୍ୟାଦି କଥା, ରୋଗ ନହେବା ପାଁରେ ଡାକ୍ତର ମାନେ ଆଧୁନିକ ବୈଜ୍ଞାନିକ ମତାନୁଯାୟୀ କହିଥାନ୍ତି, କିନ୍ତୁ ଏକଥାର ଶତ ସହସ୍ର ବର୍ଷ ପୂର୍ବରୁ ପ୍ରାଚୀନ ଋଷିମାନେ ରୋଗ ନହେବା ପାଇଁ କାରଣ ସବୁ ଦେଖାଇ ଅଛନ୍ତି, ଏହି ବର୍ତ୍ତମାନ ଯୁଗର ବୈଜ୍ଞାନିକ ମାନେ ଯାହା ଦେଖାଇ ଅଛନ୍ତି ଯେ ସବୁ କହି ଯାଇ ଅଛନ୍ତି ମାତ୍ର ଆଗନ୍ତୁକ ରୋଗ ଯଥା ଭୂତାଦି ଦ୍ୱାରା ଆୟୁର୍ବେଦ ଶାସ୍ତ୍ରରେ ଯେଉଁ ରୋଗର ଉତ୍ପତ୍ତି କୁହାଯାଇ ଅଛି ତାହା ଆଧୁନିକ ବୈଜ୍ଞାନିକଙ୍କ ମତରେ ହୋଇନପାରେ କିନ୍ତୁ ଗଭୀର ଭାବରେ ଆଲୋଚନାକଲେ ଉପର ଲିଖିତ ଭୂତାଦି କାରଣରୁ ଯେଉଁ ରୋଗ ଜାତ ହୁଏ ସେଥିରେ ବିଜ୍ଞାନରଗୂଢରହସ୍ୟ ନିହିତ ଯେ ନାହିଁ ଏକଥା ବୋଲିବାକୁ ହେବ ନାହିଁ । ସୂକ୍ଷ୍ମରେ ଓ ଗବେଷଣା ସହିତ ଆଲୋଚନା କରିବାକୁ ଗଲେ ଏଥିରେ ବିଜ୍ଞାନର ଗୂଢରହସ୍ୟ ଅବଶ୍ୟ ନିହିତ ଅଛି, ଅତଏବ ଆୟୁର୍ବେଦ ଶାସ୍ତ୍ରା ନୁଯାୟୀ ଯେପରି ରୋଗ ଗୁଡିକର ଆରମ୍ଭ ହୁଏ ତାହା ବୈଜ୍ଞାନିକ ମାନଙ୍କ ସଙ୍ଗରେ ସଂପୂର୍ଣ୍ଣ ଏକ ମତ ନହେଲେ ମଧ୍ୟ କେତେ ଦୂର ବିଜ୍ଞାନର ସାର୍ଥକତାକୁ ସମର୍ଥନ କରିପାରେ, ମାତ୍ର ଆଧୁନିକ ମତରେ ଯେଉଁ ଜୀବାଣୁ ଦ୍ୱାରା ରୋଗର ଆରମ୍ଭ ହୋଇଥାଏ ବୋଲି କହିଥାନ୍ତି ସେକଥା ଆୟୁର୍ବେଦ ଶାସ୍ତ୍ରର ଅଲୋଚନା ଓ ସଂସ୍କାର ଅଭାବରୁ ଜଣା ଯାଉ ନାହିଁ, ମାତ୍ର ଗଭୀର ଭାବରେ ଆଲୋଚନାକଲେ ଉପର ଲିଖିତ କାରଣ ଗୁଡିକ ଯେ ପ୍ରକାଶିତ ନହେବ ଏପରି କିଛି କଥା ନାହିଁ ।

୩ । (କ) ମୋର ପ୍ରତ୍ୟକ୍ଷ ଭାବରେ "ଧନ୍ୱନ୍ତରୀ ଔଷଧାଳୟ" ନାମରେ ଗୋଟିଏ ଆୟୁର୍ବେଦୀୟ ଅନୁଷ୍ଠାନ ଚଲୁ ଅଛି, ସେଥିରେ ଔଷଧ ପ୍ରସ୍ତୁତ କରଣ ଓ ରୋଗୀମାନଙ୍କ ମଧ୍ୟରେ ଔଷଧ ପ୍ରଦାନ ହୋଇଥାଏ- ମୁଁ ଦେଶୀୟ (ଆୟୁର୍ବେଦୀୟ) ପ୍ରଣାଳୀ ଅନୁସାରେ ଔଷଧ ପ୍ରଦାନ କରିଥାଏ ଔଷଧ ସମ୍ବନ୍ଧୀୟ ବିଦ୍ୟା ପ୍ରଦାନ ସାମାନ୍ୟ ଭାବରେ ଜଣେ ଛାତ୍ରଙ୍କୁ ଦେଇଥାଏ, ଶିକ୍ଷା ଆଧୁନିକ ଓ ପ୍ରାଚୀନ ସମନ୍ୱୟରେ ଦେଇଥାଏ ।

(ଖ) "ଔଷଧ ପ୍ରଦାନର ଯଥେଷ୍ଟତା" ଔଷଧସମ୍ବନ୍ଧେ ବିଦ୍ୟା ପ୍ରଦାନ କରିବା ବିଷୟରେ କେନ୍ଦ୍ର ମାନଙ୍କର ଉପଯୁକ୍ତତା; ଉପରୋକ୍ତ ଦୁଇଟି ବିଷୟ ନେଇ ମୋର ବକ୍ତବ୍ୟ ଜଣାଉଅଛି ଯେ ମାନ୍ଦ୍ରାଜ ପ୍ରଦେଶରେ ଉପରୋକ୍ତ ଦୁଇଟି ବିଷୟର ଏକାନ୍ତ ଅଭାବ ଏବଂ ଯାହା ନଗଣ୍ୟ ଓ ସାମାନ୍ୟ ଭାବରେ ଅଛି ତାର କାର୍ଯ୍ୟ କଳାପ ସନ୍ତୋଷଜନକ ନୁହେ, ଅତଏବ କିଭାବରେ ଅଭାବ ଦୂର କରିବାକୁ ହେବ ନିମ୍ନରେ ତାହା ଜଣାଉ ଅଛି । ପ୍ରଥମେ ଉକ୍ତ ପ୍ରଦେଶର ପ୍ରଧାନ ରାଜଧାନୀ କିମ୍ବା ସେହି ପ୍ରଦେଶର ପ୍ରତ୍ୟେକ ଜିଲ୍ଲାର ପ୍ରଧାନ ପ୍ରଧାନ ସହର ମାନଙ୍କରେ ଯଥାକ୍ରମେ ଆୟୁର୍ବେଦ କଲେଜ ଓ ଆୟୁର୍ବେଦ ବିଦ୍ୟାଳୟମାନରଖିବାକୁ ହେବ ୧ ଏବଂ ତତ୍ ସଂଲଗ୍ନରେ ଦାତବ୍ୟ ଔଷଧାଳୟମାନରଖି ଛାତ୍ରମାନଙ୍କୁ କର୍ମାଭ୍ୟାସ ଅଥାତ୍ ରୋଗୀପରିଚୟର ସୁବିଧା କରାଇବାକୁ ହେବ ଓ ରୋଗୀ ମାନଙ୍କ ମଧ୍ୟରେ ବିନା ମୂଲ୍ୟରେ ଯଥେଷ୍ଟ ଔଷଧ ବିତରଣ କରିବା ଉଚିତ- ଏହି ଭାବରେ କାର୍ଯ୍ୟ ଆରମ୍ଭକଲେ ଉପରୋକ୍ତ ଆୟୁର୍ବେଦର ଦୁଇଟି ଅଭାବ ଦୂର ହେବ ।

(ଗ) ବର୍ତ୍ତମାନ ଯେଉଁ ବ୍ୟକ୍ତିଗତ ଓ ସଂପ୍ରଦାୟିକଭାବରେ ରୋଗୀ ମାନଙ୍କୁ ବିନା ମୂଲ୍ୟରେ ଔଷଧ ଦିଆଯାଉ ଅଛି, ସେହି ଅନୁଷ୍ଠାନ ମାନଙ୍କରେ ରୋଗ ପ୍ରତୀକାରର ଉପଯୁକ୍ତ ଔଷଧ ନଥାଏ। ତାର କାରଣ ସରକାରଙ୍କର ଉପରୋକ୍ତ ଚିକିତ୍ସା ଓ ଶିକ୍ଷା ପ୍ରତି ଏକାନ୍ତ ଅମନୋଯୋଗିତା, ସୁତରାଂ ଉପରୋକ୍ତ ଭାବରେ ଔଷଧ ପ୍ରଦାନ କରିବା ଦ୍ୱାରା ରୋଗୀଙ୍କର ତେତେ ସନ୍ତୋଷଜନକ ଫଳ ହୋଇ ନଥାଏ, ଅତଏବ ଏହାର ପ୍ରତୀକାରକର ଉପକାରୀ ଓ ଯଥେଷ୍ଟ ଔଷଧ ପ୍ରଦାନକରିବାକୁ ହେଲେ ନିମ୍ନ ପ୍ରକାରେ କାର୍ଯ୍ୟାରମ୍ଭ କରିବା ଉଚିତ ବୋଲି ମୁଁ ମନେକରେଁ। ସରକାର ରୋଗୀ ମାନଙ୍କୁ ଯେଉଁ ଔଷଧ ପ୍ରଦାନ କରିବାକୁ ଇଚ୍ଛାକରନ୍ତି, ପ୍ରଥମେ ସରକାର ଉପଯୁକ୍ତ ଦେଶୀୟ ବୈଦ୍ୟ ମାନଙ୍କୁ ନେଇ ସେହି ପ୍ରଦେଶର ପ୍ରଧାନରାଜଧାନୀରେ ଗୋଟିଏ କମେଟୀ ଗଠନ କରିବାକୁ ହେବ, ଦ୍ୱିତୀୟରେ ସେହି କମିଟୀକର୍ତ୍ତୃକ ରୋଗ ପ୍ରତୀକାରର ଉପଯୁକ୍ତ ଗୁଣ ପ୍ରଦ ଓ ଅଳ୍ପମୂଲ୍ୟରେ ପ୍ରସ୍ତୁତ କେତେକ ଔଷଧ ନିର୍ବାଚନ କରାଇବାକୁ ହେବ। ତାପରେ ସେହି ରାଜଧାନୀରେ ଗୋଟିଏ ଶକ୍ତିଶାଳୀ ଔଷଧ-ପ୍ରସ୍ତୁତାଗାର ସ୍ଥାପନକରି ଯେଉଁ ବୈଦ୍ୟମାନେ ଔଷଧ ପ୍ରସ୍ତୁତ କରିବାରେ ସମର୍ଥ ଓ ଉପଯୁକ୍ତ ସେମାନଙ୍କୁ ନେଇ ଶାସ୍ତ୍ରୀୟ ରୀତିରେ ଉପରୋକ୍ତ କମିଟୀ କର୍ତ୍ତୃକ ଯେଉଁ ଔଷଧାବଳୀ ନିର୍ଦ୍ଧାରଣ କରା ଯାଇ ଅଛି, ତାହା କାର୍ଯ୍ୟରେ ପରିଣତ କରି ଯଥା ପ୍ରକାରେ ସେହି ପ୍ରଦେଶର ହାସ୍‌ପିଟାଲ୍ ଓ ଔଷଧାଳୟ ମାନଙ୍କରେ ଔଷଧ ପ୍ରଦାନ କରି ରୋଗୀ ମାନଙ୍କୁ ଆୟୁର୍ବେଦ ଚିକିତ୍ସାର ଗୁରୁତ୍ୱ ଅନୁଭବ କରାଇବା ଇତ୍ୟାଦି, ବିଦ୍ୟା ପ୍ରଦାନ ସମ୍ବନ୍ଧରେ ମଧ୍ୟ ସେହି ପ୍ରଦେଶର ପ୍ରତ୍ୟେକ ଜିଲ୍ଲା ପ୍ରଧାନ ପ୍ରଧାନ ସହର ଓ ରାଜଧାନୀରେ କଲେଜ ଓ ବିଦ୍ୟାଳୟମାନସ୍ଥାପନ କରି ଲୋକମାନଙ୍କ ମଧ୍ୟରେ ଆୟୁର୍ବେଦ ଶିକ୍ଷାର ପ୍ରଚାର କରାଇବା ଇତ୍ୟାଦି।

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୪। (୧) (କ) ପ୍ରଥମ ଶ୍ରେଣୀର ସାମର୍ଥ୍ୟ ଥିବା ପୁଣି ବହୁ ଦିନରୁ ଚିକିତ୍ସା ଅବା ବିଦ୍ୟା ପ୍ରଦାନ କରିବା ଶିକ୍ଷକମାନଙ୍କର ପ୍ରତ୍ୟକ୍ଷ ତତ୍ତ୍ୱାବଧାନରେ ଛାତ୍ରମାନଙ୍କୁ ଅବଶ୍ୟ ରଖିବାକୁ ହେବ। କାରଣ ସେମାନଙ୍କର ତତ୍ତ୍ୱାବଧାନ ଓ ସଂସ୍ରବରେ ଛାତ୍ରମାନଙ୍କର ନୈତିକ ଉନ୍ନତି ହେବ ଓ ଚରିତ୍ରଗତଦୋଷ ଦୂର ହେବ ଏବଂ ଛାତ୍ରମାନେ ଶିକ୍ଷକମାନଙ୍କ ସହିତ ମିଳି ମିଶି ରହିବାଦ୍ୱାରା ସେମାନେ ସର୍ବଦା ଆୟୁର୍ବେଦ ଚିକିତ୍ସା ଓ ଭାବୀ ଆୟୁର୍ବେଦ ଚିକିତ୍ସାର ସଂସ୍କାର କିପରି କରାଯାଇ ଉନ୍ନତ କରାଯାଇ ପାରିବ ସେ ବିଷୟରେ ଶିକ୍ଷକମାନଙ୍କ ସହିତ ଆଲୋଚନା କରିପାରିବେ। ଏବଂ ଶିକ୍ଷକମାନଙ୍କର ସଂସ୍ରବରେ ଜଣେ ଜଣେ ଉପଯୁକ୍ତ ଚିକିତ୍ସକ ହୋଇପାରିବେ। ଅତଏବ ଶିକ୍ଷକମାନଙ୍କ ତତ୍ତ୍ୱାବଧାନରେ ଛାତ୍ରମାନଙ୍କୁ ରଖିବା ଏକାନ୍ତ ବାଞ୍ଛନୀୟ।

(୨) ଉପଯୁକ୍ତରୂପେ ନିଯୁକ୍ତ କରାଯାଇଥିବା ହାସପାତାଲମାନ, ଔଷଧ ପ୍ରସ୍ତୁତାଗାରମାନ, ପୁସ୍ତକାଗାରମାନ ପ୍ରଦର୍ଶିନୀମାନ ଏ ସମସ୍ତମାନଙ୍କରେ ଛାତ୍ରମାନେ ଓ ଶିକ୍ଷକମାନେ ପ୍ରବେଶ କରିବା ଏକାନ୍ତ ଆବଶ୍ୟକ, କାରଣ ହାସପାତାଲରେ ଶିକ୍ଷକ ଓ ଛାତ୍ର ପ୍ରବେଶ କରିବାଦ୍ୱାରା ଶିକ୍ଷକମାନଙ୍କର ସଂସ୍ରବରେ ଛାତ୍ରମାନେ ବିଶିଷ୍ଟ ରୋଗୀ ପରିଚୟ ଓ ରୋଗପରୀକ୍ଷାର ସୁବିଧା ଲାଭ କରିପାରିବେ, ଏହି ଶିକ୍ଷକମାନଙ୍କର ସଂସ୍ରବରେ ରହିଲେ ଦିନେ ସୁଚିକିତ୍ସକ ହୋଇପାରିବେ, ଏବଂ ରୋଗୀପରୀକ୍ଷାରେ ପାରଙ୍ଗମତା ଲାଭ କରିପାରିବେ, ଆହୁରି ରୋଗୀ ନିଦାନ କରି ସୁନ୍ଦରଭାବରେ ଔଷଧ ବ୍ୟବସ୍ଥା ମଧ୍ୟ କରିପାରିବେ, ଅତଏବ ହାସପାତାଲମାନଙ୍କରେ ଶିକ୍ଷକ ଓ ଛାତ୍ରମାନଙ୍କର ପ୍ରବେଶ ନିତାନ୍ତ ଆବଶ୍ୟକ ତାପରେ ଔଷଧ-ପ୍ରସ୍ତୁତା-ଗାରରେ ମଧ୍ୟ ଛାତ୍ର ଓ ଶିକ୍ଷକଙ୍କର ପ୍ରବେଶ ଆବଶ୍ୟକ ଅଟେ କାରଣ ଶିକ୍ଷକମାନଙ୍କର ସଂସ୍ରବରେ ଛାତ୍ରମାନେ ଔଷଧ ପ୍ରସ୍ତୁତାଗାରରେ ପ୍ରବେଶ କରି ତୈଳ, ଘୃତ, ମୋଦକ, ଅରିଷ୍ଟ ଆସବ ଇତ୍ୟାଦିର ପ୍ରସ୍ତୁତିକରଣ ଓ ବହୁ ବିଧ ଭସ୍ମମାନଙ୍କର ଭସ୍ମବିଧି ନିୟମ ଏବଂ ନାନାପ୍ରକାର କଷ୍ଟସାଧ୍ୟଔଷଧ ପ୍ରସ୍ତୁତ କରିବାରେ ସମର୍ଥ ହୋଇ ପାରିବେ। ଏଥି ଯୋଗୁଁ ଔଷଧ ପ୍ରସ୍ତୁତାଗାରରେ ଉଭୟଙ୍କର ପ୍ରବେଶ ଆବଶ୍ୟକ ଅଟେ। ତାପରେ ପୁସ୍ତକାଗାରର କଥା—ଛାତ୍ର ଓ ଶିକ୍ଷକ ପ୍ରବେଶ କରିବାଦ୍ୱାରା ନାନାପ୍ରକାର ଆୟୁର୍ବେଦ ଚିକିତ୍ସା ଗ୍ରନ୍ଥର ଆଲୋଚନା ଓ ଦିବ୍ୟଜ୍ଞାନ ଲାଭ ହୋଇଥାଏ, ଏଥି ଯୋଗୁଁ ପୁସ୍ତକାଗାରରେ ମଧ୍ୟ ଉଭୟଙ୍କର ପ୍ରବେଶ ଆବଶ୍ୟକ ଅଟେ। ତାପରେ ପ୍ରଦର୍ଶନୀର କଥା- ପ୍ରଦର୍ଶନୀରେ ପ୍ରବେଶ କରିବାଦ୍ୱାରା ଶିକ୍ଷକମାନଙ୍କର ସଂସ୍ରବରେ ଛାତ୍ରମାନେ ପ୍ରତ୍ୟେକ ଆୟୁର୍ବେଦୀୟ ପଦାର୍ଥ ଓ ବନୌଷଧୀର ପରିଚୟ ପାଇ ପାରିବେ, (ଯଥା ଚେର, ମୂଳ, ଫଳ ଇତ୍ୟାଦିର) ଏଥି ଯୋଗୁଁ ଉପରୋକ୍ତ ବିଷୟମାନଙ୍କରେ ଛାତ୍ର ଓ ଶିକ୍ଷକଙ୍କ ସମ୍ବନ୍ଧ ରହିବା ବାଞ୍ଛନୀୟ।

(୩) ଶିକ୍ଷକମାନଙ୍କୁ ସେମାନଙ୍କର ନିଜ ନିଜ ବିଷୟମାନଙ୍କରେ ସ୍ୱତନ୍ତ୍ରରୂପେ ଅନୁସନ୍ଧାନ କରିବାକୁ ସେମାନଙ୍କୁ ସମୟ ଦେବା ଏକାନ୍ତ ଆବଶ୍ୟକ, କାରଣ ସେମାନଙ୍କୁ ସମୟ ଦେବାଦ୍ୱାରା, ସେମାନେ ଉପଯୁକ୍ତ ସମୟ ପାଇ, ଆୟୁର୍ବେଦର ନୂତନ ଆଲୋଚନା ନୂତନ ଓ ବିଜ୍ଞାନ ସମ୍ବଳିତ ବିଷୟମାନଙ୍କର ଅବତାରଣା ଏବଂ ଆୟୁର୍ବେଦର କିପରି ସଂସ୍କାର କରାଯାଇ ଆଧୁନିକ ପାଶ୍ଚାତ୍ୟ ଚିକିତ୍ସାର ସହଯୋଗିତା ଓ ଆୟୁର୍ବେଦର କୌଣସି ବିଷୟରେ ଅଭାବ ଅଛି ଇତ୍ୟାଦି ବିଷୟରେ ଆଲୋଚନା ଓ ଅନୁସନ୍ଧାନ କରିପାରିବେ, ଏଥି ଯୋଗୁଁ ସେମାନଙ୍କୁ ସ୍ୱ

ଆଲୋଚନା କରିବାକୁ ସମୟ ଦେବାକୁ ହେବ । ଉପରୋକ୍ତଭାବ ଗ୍ରହଣକରି ମୁଁ କହୁଅଛି ଯେ ବର୍ତ୍ତମାନ ଯେଉଁ ଯେଉଁ ଦେଶୀୟ ପ୍ରଣାଳୀରେ ଔଷଧ ଶିକ୍ଷା ଦିଆ ଯାଉ ଅଛି ସେପରି ସ୍ଥାନରେ ଉକ୍ତ ଆଦର୍ଶ ପ୍ରାପ୍ତ ହୋଇପାରିବ ନାହିଁ ।

(ଖ) (୧) " ପରିଶେଷରେ ଉକ୍ତ ଆଦର୍ଶ ଉପଲବ୍ଧ ହେବା ବିଷୟରେ "

(୨) " ଅଧିଶୀଘ୍ର ସେହି ଭାବ କାର୍ଯ୍ୟରେ ପରିଣତକରିବା ବିଷୟରେ "—ଉପରୋକ୍ତ ଦୁଇଟି ଭାବର ମୁଁ ଶେଷ ଭାବଟି ଗ୍ରହଣ କରୁଅଛି, କାରଣ ଏଣିକି ଆୟୁର୍ବେଦ ଚିକିତ୍ସା ଓ ଶିକ୍ଷାର ଗତି ପ୍ରଖର ଭାବରେ ଚାଳିତ ହେବା ବାଞ୍ଛନୀୟ ବୋଲି ମୁଁ ମନେ କରେଁ ।

୫ । ବେଙ୍ଗଲ ଶିକ୍ଷା ବିଭାଗର କମିସନର ସାହେବ ଯେଉଁ ଉକ୍ତିଟି କହି ଅଛନ୍ତି ଅବଶ୍ୟ ସେ କଥାର ସାରବତ୍ତା ଗ୍ରହଣ କରିବାକୁ ହେବ, କାରଣ ଆଜିକାଲି ଅନେକ ଆଧୁନିକ ଧରଣର ଆୟୁର୍ବେଦୀୟ ବୈଦ୍ୟ ପାଶ୍ଚାତ୍ୟ ଧରଣର ଚିକିତ୍ସା ସହିତ ସମ୍ବନ୍ଧ ରଖିବାର ଇଚ୍ଛା ରଖିଥାନ୍ତି, ଏବଂ ସେହି ଚିକିତ୍ସାମାନଙ୍କର ଦୈନନ୍ଦିନ ଯେପରି ସଂସ୍କାର କରାଯାଉଅଛି ସେହିପରି ଏହି ଆୟୁର୍ବେଦ ଚିକିତ୍ସାର ସଂସ୍କାର କରିବାକୁ ହେବ । ପାଶ୍ଚାତ୍ୟ ଏଲୋପାଥିକ ଚିକିତ୍ସାର ନିରନ୍ତର ପରିବର୍ତ୍ତନ ଓ ସଂସ୍କାର ଯୋଗୁଁ ଆଜି ଯାଏ କୌଣସି ମତଠିକ୍ ହୋଇନାହିଁ । ଯେପରି ଦେଖାଯାଏ ଏବର୍ଷ ଗୋଟିଏ ଔଷଧ ଏଲୋପାଥିକ ଚିକିତ୍ସା ମତରେ ଆବିଷ୍କାରକଲେ ତଦ୍ୱାରା ରୋଗର ଉପକାର ହେଲା, କିନ୍ତୁ ଦେଖାଗଲା ଯେ ଆଗାମୀବର୍ଷ ସେହି ଔଷଧଟି ତେତେ ଉପକାରୀ ନ ହେଲା ତାହା ହେଲେ "ବ୍ରିଟିସ୍ ଫାର୍ମାକୋପିଆ"ରୁ ଉଠାଇ ଦିଆଯାଉଅଛି, ଏପରି ଅବସ୍ଥାରେ ଏଲୋପାଥିକ୍ ଚିକିତ୍ସାର କୌଣସି ମତ ଆଜିଯାଏ ସିଦ୍ଧାନ୍ତର ଶେଷ ସୀମାରେ ଉପସ୍ଥିତ ହୋଇପାରି ନାହିଁ । କିନ୍ତୁ ଦେଖିବାକୁ ଗଲେ ଆୟୁର୍ବେଦ ଯେପରି ଅବସ୍ଥାରେ ପଡ଼ିରହି ଅଛି ତାହାର ସଂସ୍କାର ହେବା ଦୂରରେ ଥାଉ ଆଲୋଚନା ମଧ୍ୟ ହେଉନାହିଁ । ଏଥି ଯୋଗୁଁ ନୂତନ ତଥ୍ୟ ଆବିଷ୍କାର କରିବା ଆୟୁର୍ବେଦ ଚିକିତ୍ସା ଜଗତରୁ ଏକବାର ଲୋପ ପାଇ ଅଛି । ଏପରି କେତେକ ସ୍ଥାନରେ ଦେଖାଯାଉଅଛି ବାପା ଯାହା କହିଯାଇଅଛି, ଯେଉଁ ଅନୁପାନ ଯେଉଁ ଔଷଧ, ଯେଉଁରୋଗରେ ଦେବାକୁ କହିଯାଇଅଛି ତାହାର ଦଶ ପୁରୁଷ ପର୍ଯ୍ୟନ୍ତ ଚିକିତ୍ସା ବ୍ୟବସାୟ କରି ମଧ୍ୟ ସେହି ପ୍ରକାର ରୋଗରେ ସେହି ଔଷଧ ସେହି ଅନୁପାନରେ ଦିଆଯାଉ ଅଛି। ଏହିପରି ଅନ୍ଧପରଂପରା ବରାବର ଦେଖାଯାଉଅଛି । ଏପରି କେତେକ ଔଷଧ ମଧ୍ୟ ଅଛି ପରୀକ୍ଷାଦ୍ୱାରା ଜଣାଯାଉଅଛି ଯେ ଆଜିକାଲିର ଯୁଗରେ ସେହି ଔଷଧ ଗୁଡ଼ିକର ଗୁଣ ଏକବାର ଲୋପ ପାଇଅଛି, ଏବଂ ଯେଉଁ ଗୁଣ ଶାସ୍ତ୍ରରେ ଲେଖା ହୋଇଅଛି ତାହାର ଅଧେ ସୁଦ୍ଧା ଗୁଣ କରୁନାହିଁ ଏହାର କାରଣ କଣ ? ଯୋଗୋକ୍ତ ସେହି ପଦାର୍ଥ ଗୁଡ଼ିକ ଏହି ଯୁଗରେ ସେହି ରୋଗର ଉପକାରୀ ହେଉନାହିଁ, ଅତଏବ ଗୁଣପ୍ରଦ ହେଉ ନାହିଁ । କେତେକ ଔଷଧ ମଧ୍ୟ ଉପକାର କରିବା ପରିବର୍ତ୍ତେ ଅପକାର କରୁଅଛି, କାରଣ ସେହି ଯୋଗଟି ସେହି ରୋଗର ଉପଯୁକ୍ତ ନୁହେଁ, ଅତଏବ ତାହାର ସଂସ୍କାର କରି ଅନୁପଯୁକ୍ତ ଔଷଧାବଳୀ ଓ ଅନ୍ଧବିଶ୍ୱାସ ଦୂର କରିବାକୁ ଗଲେ ଆୟୁର୍ବେଦ ବିଜ୍ଞ ପାଶ୍ଚାତ୍ୟ ଧରଣର ବୈଜ୍ଞାନିକମାନଙ୍କୁ ନେଇ ଗୋଟିଏ ଆଲୋଚନା କମିଟି ଗଠନ କରିବାକୁ ହେବ। ସେହି କମିଟିକୁ ଷ୍ଟେଟ ପକ୍ଷରୁ ଉପଯୁକ୍ତ ରୂପେ ସାହାଯ୍ୟ ଦେବାକୁ ହେବ ଏବଂ ସେହି କମିଟି ଆୟୁର୍ବେଦ ଔଷଧାବଳୀରେ ଯାହା ଅନୁପଯୁକ୍ତ ବୋଲି ଭାବିବେ ଓ ଦେଖାଇବେ ସେହିପରି ଭାର ତାଙ୍କ ଉପରେ ନ୍ୟସ୍ତ କରିବାକୁ ହେବ ଏବଂ ସେହି କମିଟି ସର୍ବଦା କାୟମନୋବାକ୍ୟରେ ଆୟୁର୍ବେଦର ଉନ୍ନତି ପାଇଁ ଚେଷ୍ଟା କରିବେ, ଏବଂ ପ୍ରତ୍ୟେକ ଔଷଧର ଅସାରତା ଓ ଫଳାକଥା ଜନ ସମାଜରେ ପ୍ରକାଶ ପୂର୍ବକ ଉପକାର କରିବେ । ଏହି ପ୍ରକାରେ ଏହାର କାର୍ଯ୍ୟଚାଳନା-କଲେ ଅବଶ୍ୟ ପାଶ୍ଚାତ୍ୟ ଚିକିତ୍ସାର ସହଯୋଗିତା ଲାଭ କରି ଉନ୍ନତ ପଥରେ ଅଗ୍ରସର ହୋଇପାରିବ। ଏଥି ଯୋଗୁଁ ଏହି ପ୍ରସ୍ତାବଟି ଆଗତ କରି କଲିକତାର କମିସନରଙ୍କର ଉକ୍ତିର ସାର୍ଥକତା ଗ୍ରହଣ କରୁଅଛି।

୬ । ଆଧୁନିକ ପଦାର୍ଥ ବିଦ୍ୟା, ରସାୟନିକ ବିଦ୍ୟା, ଜୀବତତ୍ତ୍ୱ ବିଦ୍ୟା, ଶରୀର ବ୍ୟବଚ୍ଛେଦ ବିଦ୍ୟା, ଶରୀର ବିଜ୍ଞାନ, ନିଦାନତତ୍ତ୍ୱ, ରୋଗ ବୀଜାଣୁର ସାଧାରଣ ତତ୍ତ୍ୱବିଦ୍ୟା ଅସ୍ତ୍ର ଚିକିତ୍ସା, ଏହି ପ୍ରକାର ଆଧୁନିକ ଧରଣର ବୈଜ୍ଞାନିକ ମାନଙ୍କର ପ୍ରଦର୍ଶିତ ଆଧୁନିକ ବୈଜ୍ଞାନିକ ନିୟମମାନ ଦେଶୀୟ ବିଦ୍ୟାରେ; ଅବଶ୍ୟ ପଢ଼ାଇବାକୁ ହେବ; କାରଣ ପୂର୍ବ ଆୟୁର୍ବେଦର ଆଲୋଚନା କଲେ ଜଣା ଯାଏ ଯେ ଉପରଲିଖିତ ଯେତେ ଗୋଟି ଚିକିତ୍ସାର ଅଙ୍ଗ ଦର୍ଶିତ କରାଗଲା ସେ ଗୁଡ଼ିକ ପ୍ରାଚୀନ ଆୟୁର୍ବେଦରେ ଅପରିଚିତ ନୁହେଁ ।

୭ । ଉପରୋକ୍ତ ବିଷୟ ଗୁଡ଼ିକୁ ସମର୍ଥନକରି ମୁଁ କହି ଅଛି ଯେ କେବଳ ଆଧୁନିକ ରୀତିରେ ଶିକ୍ଷା ନ ଦେଇ ଆୟୁର୍ବେଦରଲୁପ୍ତ ଅଙ୍ଗ ସପ୍ତାଙ୍ଗ ଯଥା :—ଶଲ୍ୟତନ୍ତ୍ର, ଶାଲକ୍ୟତନ୍ତ୍ର, ଭୂତ ବିଦ୍ୟାତନ୍ତ୍ର ରସାୟନ ତନ୍ତ୍ର, ବାଜୀକରଣ ତନ୍ତ୍ର କୌମାରଭୃତ୍ୟ ତନ୍ତ୍ର, ଅଗଦତନ୍ତ୍ର, ମଧ୍ୟପଢ଼ାଇବାକୁ ହେବ। କେବଳ ଆଧୁନିକ ରୀତିରେ ପଢ଼ାଇବାଦ୍ୱାରା ଛାତ୍ର ମାନଙ୍କର ଯେ ଆୟୁର୍ବେଦର ପ୍ରାଚୀନ ଗୌରବ ଓ ଆୟୁର୍ବେଦର ଶଲ୍ୟ ଶାଲକ୍ୟ ତନ୍ତ୍ରର ଗୁରୁତ୍ୱ ଅନୁଭବ ପାରିବେ ନାହିଁ, ଏବଂ ଆୟୁର୍ବେଦର ପ୍ରାଚୀନ ବିଷୟ ସବୁ ମଧ୍ୟ ଭୁଲି ଯାଇ ପାରନ୍ତି, ଅତଏବ ଉଭୟ ବିଧ ଅର୍ଥାତ୍ ପ୍ରାଚୀନ ଆୟୁର୍ବେଦ ଓ ଆଧୁନିକ ବିଜ୍ଞାନର ସମନ୍ୱୟରେ ଶିକ୍ଷା ଦେବା ଏକାନ୍ତ ଆବଶ୍ୟକ ଏଥି ଯୋଗୁଁ ମୁଁ ପ୍ରସ୍ତାବ କରୁ ଅଛି ଯେ ଉଭୟ ବିଧ ଗ୍ରନ୍ଥ ଆଲୋଚନାର ସମନ୍ୱୟରେ ଶିକ୍ଷା ଦେବା ଆବଶ୍ୟକ ।

(କ) ଏଲୋପାଥିକ ଶିକ୍ଷା ପ୍ରଣାଳୀ ଅନୁସାରେ L.M.P., M.B.; ପ୍ରଭୃତିଉପାଧିଯେପରି କ୍ରମାନ୍ୱୟରେ ଛାତ୍ରମାନଙ୍କୁ ଦିଆଯାଉଅଛି ସେପରି ଉପାଧିମାନ ଯଥା; ବୈଦ୍ୟରାଜ, ଆୟୁର୍ବେଦ ଶାସ୍ତ୍ରୀ, ଆୟୁର୍ବେଦ ଆଚାର୍ଯ୍ୟ ଇତ୍ୟାଦି ଉପାଧିମାନ ଛାତ୍ର ମାନଙ୍କୁ କ୍ରମାନ୍ୟୟରେ ଦେବା ଆବଶ୍ୟକ ଅଟେ, କାରଣ ଛାତ୍ରମାନେ କ୍ରମାନ୍ୱୟରେ ଉକ୍ତ ଉପାଧିମାନ ଲାଭ କଲେ ସେମାନଙ୍କର ଉତ୍ସାହ ଅଧିକ ଭାବରେ ଆୟୁର୍ବେଦଶିକ୍ଷା ପ୍ରତି ଟାଣି ହେବ, ଏବଂ ସେମାନେ ଆୟୁର୍ବେଦ କେତେ ଦୂର ପ୍ରବେଶକରି ଅଛନ୍ତି, ଏବଂ ଚିକିତ୍ସା ବିଦ୍ୟାରେ କାହାର କେତେ ଦୂର ଜ୍ଞାନଅଛି ଇତ୍ୟାଦି କଥା ଉକ୍ତ ଉପାଧିମାନ ଦେବା ଦ୍ୱାରା ଜଣାଯିବ, ଏବଂ ଛାତ୍ରମାନେ ମଧ୍ୟ ଉକ୍ତ ଉପାଧିମାନ ଲାଭ କରି ନିଜକୁ ଗୌରିବାନ୍ୱିତମନେ କରିବେ ଓ ସେମାନଙ୍କର ଉତ୍ସାହ ମଧ୍ୟ ବଢିବ ଅତ ଏବଂ କ୍ରମାନ୍ୱୟରେ ଆଧୁନିକ ରୀତି ଅନୁଯାରେ ଉପାଧି ଦେବା ଉଚିତ ମନେ କରେଁ ।

(ଖ) ଛାତ୍ରମାନେ ଆୟୁର୍ବେଦ ଶିକ୍ଷା ଲାଭ କରିବା ପୂର୍ବରୁ ସେମାନେ ସଂସ୍କୃତ ଭାଷାରେ ଉପଯୁକ୍ତରୂପେ ଜ୍ଞାନ ଲାଭ କରିଥିବା ଏକାନ୍ତ ଆବଶ୍ୟକ ଏବଂ ଯେପରିଛାତ୍ରମାନେ ଆୟୁର୍ବେଦ ଶିକ୍ଷା ଲାଭ ପୂର୍ବରୁ ସଂସ୍କୃତ ଭାଷାରେ କଥା ବାର୍ତ୍ତା କରିପାରୁଥିବେ ଏବଂ ସେହି ଭାଷା, ଭଲରୂପେ ବୁଝି ପାରୁଥିବେ ଏହିପରି ସଂସ୍କୃତ ଭାଷା ଭିଜ୍ଞ ଛାତ୍ର ମାନଙ୍କୁ ଆୟୁର୍ବେଦ ଶିକ୍ଷା ଦେବା ପାଇଁ ଭରତି କରିବା ଆବଶ୍ୟକ ବୋଲି ମୁଁ ମନେ କରେଁ ।

(ଗ) ମାନ୍ଦ୍ରାଜ ପ୍ରଦେଶରେ ଆୟୁର୍ବେଦ ଶିକ୍ଷା କେବଳ ସଂସ୍କୃତ ଭାଷାରେ ପଢ଼ାଇବା ଉଚିତ, କାରଣ ଏହି ପ୍ରଦେଶ ବିଭିନ୍ନ ଭାଷୀ ଓ ବିଭିନ୍ନ ଜାତି ଲୋକଙ୍କ ଦ୍ୱାରା ପରିପୂର୍ଣ୍ଣ ଅଟେ । ଅତଏବ କୌଣସି ସାଂପ୍ରଦାୟିକଭାଷାରେ ନପଢ଼ାଇ କେବଳ ଉକ୍ତ ଶିକ୍ଷା ସଂସ୍କୃତ ଭାଷାରେ ପଢ଼ାଇବା ଦ୍ୱାରା ପ୍ରତ୍ୟେକ ଭାଷିଙ୍କର ସୁବିଧା ହେବ, ଏବଂ ଭାରତର ଅନ୍ୟାନ୍ୟ ସ୍ଥାନରୁ ଛାତ୍ରମାନେ ଶିକ୍ଷାଲାଭ କରିବାରେ ସୁବିଧା ଲାଭ କରିପାରିବେ ଏଥି ଯୋଗୁଁ ମୁଁ ପ୍ରସ୍ତାବ କରୁଅଛି ଯେ ଆୟୁର୍ବେଦ ଶିକ୍ଷା କେବଳ ସଂସ୍କୃତ ଭାଷାରେ ପଢାଇବା ଉଚିତ ଓ ଆବଶ୍ୟକ ଅଟେ ।

ମୁଁ ନିମ୍ନ ପ୍ରକାରେ ଛାତ୍ର ମାନଙ୍କୁ ଶିକ୍ଷା ଦେବା ପାଇଁ ପ୍ରସ୍ତାବ କରୁଅଛି ।

(୧) ପ୍ରଥମ ବର୍ଷ:—

ପୁସ୍ତକ ।

(୧) ଶାରୀର ବିଦ୍ୟାର ଅସ୍ଥି ପରିଚୟ ।
(୨) ମାଧବ ନିଦାନ ।
(୩) ଶାରଙ୍ଗଧର ସଂହିତା (ମଧ୍ୟମଖଣ୍ଡ) ।
(୪) ସ୍ୱାସ୍ଥ୍ୟ ବିଜ୍ଞାନ ।
(୫) ହରିତକ୍ୟାଦି ନିଘଣ୍ଟୁ ।
(୬) ରସେନ୍ଦ୍ର ସାରସଂଗ୍ରହ (ପ୍ରଥମଖଣ୍ଡ) ।

(୨) ଦ୍ୱିତୀୟ ବର୍ଷ :—

(୧) ପ୍ରତ୍ୟକ୍ଷ୍ୟ ଶାରୀର (ଅର୍ଦ୍ଧଭାଗ) ।
(୨) ବାଗ ଭଟ (ନିଦାନ ଅଂଶ) ।
(୩) ସୁଶ୍ରୁତ, (ଶାଲକ୍ୟ ତନ୍ତ୍ର) ।
(୪) ବିରଜାଚରଣ କୃତ ବନୌଷଧି ଦର୍ପଣ ।
(୫) ମଧୁ କୋଷ (ନିଦାନ ସହିତ ।)
(୬) ରସେନ୍ଦ୍ର ସାର ସଂଗ୍ରହ (ସମ୍ପୂର୍ଣ୍ଣ) ।
(୭) ସାରଙ୍ଗଧରର ଅନ୍ୟ ଦୁଇଭାଗ ।

(୩) ତୃତୀୟବର୍ଷ ।

(୧) ଚରକର ନିଦାନ ଓ ଚିକିତ୍ସା ।
(୨) ପ୍ରତ୍ୟକ୍ଷ ଶାରୀର (ସଂପୂର୍ଣ୍ଣ) ।
(୩) ସୁଶ୍ରୁତ (ଶାରୀର ଅଂଶ) ।
(୪) ସୁଶ୍ରୁତର ଶାଲକ୍ୟତନ୍ତ୍ର ,ଅଗଦତନ୍ତ୍ର ।
୫) ବାଗ୍‌ଭଟର ସ୍ୱାସ୍ଥ୍ୟ ବିଜ୍ଞାନ ।

(୪) ଚତୁର୍ଥ ବର୍ଷ—

(୧) ଚରକ—ସମ୍ପୂର୍ଣ୍ଣ ।
(୨) ସୁଶ୍ରୁତ— ,,
(୩) ବାଗଭଟ- ,,
(୪) ଭାବ ପ୍ରକାଶ (ଚିକିତ୍ସା ଅଙ୍ଗ—ସମ୍ପୂର୍ଣ୍ଣ)
(୫) ରସେନ୍ଦ୍ର-ଚିନ୍ତାମଣୀ—ସମ୍ପୂର୍ଣ୍ଣ

ଅନ୍ୟ ପ୍ରକାର ଆଧୁନକ ଚିକିତ୍ସାଗ୍ରନ୍ଥ ମଧ୍ୟ ପଢ଼ାଇବାକୁ ହେବ ।

୮ । ଏଲୋପାଥିକ ଚିକିତ୍ସାର ଖର୍ଚ୍ଚ ଅପେକ୍ଷା ଆୟୁର୍ବେଦ ଚିକିତ୍ସାର ଖର୍ଚ୍ଚ ଅନେକ ପରିମାଣରେ କମ୍ ଅଟେ । ଏଲୋପାଥିକ୍ ଔଷଧବିଭାଗ ଓ ଚିକିତ୍ସା ବିଭାଗ ଛାଡିଦେଲେ ଅନ୍ୟ ବିଭାଗରେ ସବୁ ବିଳାସିତା ଓ ବ୍ୟୟ ବାହୁଲ୍ୟ ଦେଖାଯାଇ ଥାଏ, କେତେ ଗୁଡ଼ାଏ ଅନାବଶ୍ୟକ ଉପକରଣ ମଧ୍ୟ ଏଲୋପାଥିକ୍ ଚିକିତ୍ସାରେ ବ୍ୟବହୃତ ହୋଇଥାଏ । ସୁତରାଂ ଆୟୁର୍ବେଦ ଚିକିତ୍ସାରେ ବ୍ୟୟର ଅଳ୍ପତା ଓ ଆଡମ୍ବରର ଅନାବଶ୍ୟକତା ଦେଖା ଯାଇ ଥାଏ । ମୋର ସମ୍ପୂର୍ଣ୍ଣ ବିଶ୍ୱାସ ଏଲୋପାଥିକ୍ ଚିକିତ୍ସା ଅପେକ୍ଷା ଆୟୁର୍ବେଦ ଚିକିତ୍ସାର ଖର୍ଚ୍ଚ ଅନେକ ପରିମାଣରେ କମ୍ ଅଟେ ।

୯ । ଦେଶୀୟ ପ୍ରଣାଳୀର ଚିକିତ୍ସା ଊଣାହୋଇ ଯାଇଥିବାର କାରଣ କଅଣ ସେ ସମ୍ବନ୍ଧରେ ମୋର ବକ୍ତବ୍ୟ ଜଣାଉଅଛି ।

ପ୍ରଧାନ କଥା ହେଉଛି, ଆୟୁର୍ବେଦ ଚିକିତ୍ସା ଏବଂ ଆୟୁର୍ବେଦ ଶିକ୍ଷା ସମ୍ବନ୍ଧରେ ଗଭର୍ଣ୍ଣମେଣ୍ଟଙ୍କର ଏକ ବାର ଅମନଯୋଗିତା ; ଦ୍ୱିତୀୟତଃ ଜିଲ୍ଲା ବୋର୍ଡ କିମ୍ବା ତାଲୁକା ବୋର୍ଡ କୌଣସି ସାମ୍ପ୍ରଦାୟିକ ଅନୁଷ୍ଠାନ ବା ବ୍ୟକ୍ତି ଗତ ଭାବରେ ଆୟୁର୍ବେଦ ଶିକ୍ଷା ଓ ଚିକିତ୍ସା ପ୍ରତି ଦୃଷ୍ଟି ପଡ଼ିଥିବାର ଜଣାଯାଉ ନାହିଁ । ଏଥି ଯୋଗୁଁ ଏହି ଚିକିତ୍ସା ଆଶ୍ରୟ ବିହୀନ ହୋଇ ଅବନତ ଦଶାରେ ପଡ଼ିରହି ଅଛି । ସେଥିର ପୂର୍ଣ୍ଣ ପ୍ରତୀକାର କରିବାକୁ ଗଲେ ଗଭର୍ଣ୍ଣମେଣ୍ଟଙ୍କର ସମ୍ପୂର୍ଣ୍ଣ ସାହାଯ୍ୟ, ଜିଲ୍ଲା ବୋର୍ଡ, ତାଲୁକା ବୋର୍ଡ ଓ ମୁନସିପାଲଟି, ରାଜା, ମହାରାଜାମାନଙ୍କ ପକ୍ଷରୁ ସାହାଯ୍ୟ ଦିଆଗଲେ ଅବଶ୍ୟ ତାହାର ସର୍ବାଙ୍ଗୀନ ଉନ୍ନତି ହୋଇ ପାରିବ। ଯେ କୌଣସି ଦେଶରେ ହେଉ ଚିକିତ୍ସା ପ୍ରଣାଳୀ ସାହାଯ୍ୟ ଭିନ୍ନ ଉନ୍ନତି ଦଶାକୁ ଯାଇ ପାରି ନାହିଁ । ଉତ୍ସାହ ଓ ସାହାଯ୍ୟର ଅଭାବରେ ଯେଉଁ ବୈଦ୍ୟମାନେ ଆଜିକାଲି ଔଷଧ ପ୍ରଦାନ କରୁ ଅଛନ୍ତି ସେମାନଙ୍କ ଠାରେ ଉପଯୁକ୍ତ ଔଷଧ ନଥାଏ ଏବଂ ସେହି ଚିକିତ୍ସା ଦ୍ୱାରା ରୋଗୀ ମାନଙ୍କର ଉପକାର ମଧ୍ୟ ହୋଇ ନଥାଏ, ଯେ କାର୍ଯ୍ୟ ହେଉ ସାହାଯ୍ୟ ଓ ଉତ୍ସାହ ଭିନ୍ନ ତାହାର ଉନ୍ନତି ଅସମ୍ଭବ। ପ୍ରତ୍ୟେକ ସୁସଭ୍ୟ ଦେଶର ଉନ୍ନତ ଚିକିତ୍ସା ପ୍ରଣାଳୀ ଆଲୋଚନା କଲେ ଜଣା ଯାଏ ଯେ ତାହାର ମୂଳରେ ଯେ କେତେ ଅର୍ଥ ବ୍ୟୟ କରା ଯାଇ ଅଛି ତାହାର ଇୟତ୍ତା ନାହିଁ । ଆଜି ସୁସଭ୍ୟ ୟୁରୋପର ଏଲୋପାଥିକ ଚିକିତ୍ସା ମଧ୍ୟ ଯେତେ ପ୍ରକାର ସାହାଯ୍ୟରେ ବର୍ଦ୍ଧିତ ଓ ସମୁତ୍ସାହିତ ତାହାର ହିସାବ କରିବା ଅସମ୍ଭବ । ଏଥିଯୋଗୁଁ ଆୟୁର୍ବେଦ ଚିକିତ୍ସା ଉନ୍ନତ କରିବାକୁ ଗଲେ ଉପରୋକ୍ତ ନିୟମ ଅନୁସାରେ ସାହାଯ୍ୟ କରିବା ବାଞ୍ଛନୀୟ ବୋଲି ମୁଁ ମନେକରେଁ ଏବଂ; ଏହି ପ୍ରକାର ସାହାଯ୍ୟ ଦ୍ୱାରା ଲୁପ୍ତ ଆୟୁର୍ବେଦର ସର୍ବାଙ୍ଗୀନ ଉନ୍ନତି ହୋଇ ପାରିବ ବୋଲି ମୋର ପ୍ରସ୍ତାବ ଅବଗତକରେଁ ।

୧୦ । (କ) କେଉଁ ଗବର୍ଣ୍ଣମେଣ୍ଟ ଦ୍ୱାରା ଆୟୁର୍ବେଦ ଚିକିତ୍ସା କପରି ବୃଦ୍ଧି ଲାଭ କରିପାରିବ କିମ୍ବାରେ ମୋର ମତ ପ୍ରକାଶ କରୁ ଅଛି । ଗବର୍ଣ୍ଣମେଣ୍ଟ ଦେଶୀୟ ଆୟୁର୍ବେଦ ଚିକିତ୍ସାର ଅଭିବୃଦ୍ଧି କରିବାକୁ ଗଲେ ପ୍ରଥମେ ଆୟୁର୍ବେଦ ଚିକିତ୍ସାର ଅଭି ବୃଦ୍ଧିପାଇଁ ଗୋଟିଏ ଶକ୍ତିଶାଳୀ କମିଟି କେତେକ ଆୟୁର୍ବେଦଜ୍ଞଙ୍କୁ ନେଇ ଗଠନ କରିବାକୁ ହେବ ।

ସେ କମିଟି ଆୟୁର୍ବେଦ ଚିକିତ୍ସା କପରି ଭାବରେ ଚାଳିତ ହେଲେ ବୃଦ୍ଧି ଲାଭ କରିପାରିବ ଚିନ୍ତା କରିବେ ଓ ନୂତନ ନୂତନ ତଥ୍ୟ ଓ ପଥ ଆବିଷ୍କାର କରିବେ । ଏଲୋପାଥିକ ହାସପାତାଲମାନ ଓ ଔଷଧାଳୟ ମାନ ଯେଉଁ ଯେଉଁ ସ୍ଥାନରେ ଗବର୍ଣ୍ଣମେଣ୍ଟଦ୍ୱାରା ପ୍ରତିଷ୍ଠିତ ହୋଇ ଅଛି ସେହି ସେହି ସ୍ଥାନରେ ଯଥା ପ୍ରକାରେ ଡାକ୍ତରଖାନା ଓ ଔଷଧାଳୟ ମାନ ବସାଇବାକୁ ହେବ । ଏବଂ ଆଜି କାଲି ଦେଶର ଯେଉଁ ମୂର୍ଖ ଚିକିତ୍ସକମାନଙ୍କଦ୍ୱାରା ଚିକିତ୍ସା ଚାଲୁ ଅଛି ସେମାନଙ୍କର ଚିକିତ୍ସା ସଂସ୍କାର କରାଇ ଉପଯୁକ୍ତରୂପେ ଚିକିତ୍ସାକରିବା ପାଇଁ ସେମାନଙ୍କୁ ଗବର୍ଣ୍ଣମେଣ୍ଟ ତରଫରୁ ଉପଦେଶ ଦେବାକୁ ହେବ । ତାପରେ ଦେଶରେ ଯେଉଁ ଯେଉଁ ବ୍ୟକ୍ତିଗତ ଭାବରେ ଚିକିତ୍ସା କରନ୍ତି ଲୋକମାନଙ୍କ ମଧ୍ୟରେ ଉପଯୁକ୍ତ ଚିକିତ୍ସକ ହେଉ ଅଛନ୍ତି ସେମାନଙ୍କୁ ଷ୍ଟେଟ ପକ୍ଷରୁ ଉପଯୁକ୍ତରୂପେ ସାହାଯ୍ୟ ଦେବା ବାଞ୍ଛନୀୟ, ଏବଂ ସେମାନେ ମଧ୍ୟ ଷ୍ଟେଟ ପକ୍ଷରୁ ସାହାଯ୍ୟ ପାଇଲେ ଆୟୁର୍ବେଦ ଚିକିତ୍ସାର ଅଭିବୃଦ୍ଧି ପାଇଁ ଉତ୍ସାହ ସହିତ କାର୍ଯ୍ୟ କରନ୍ତେ ।

(ଖ) ଲୋକାଲ୍ ବୋର୍ଡ ମାନେ ଯେତେଦୂର ପାରନ୍ତି ତାଙ୍କ ଅଧୀନରେ ଥିବା ସହର ଓ ବଡବଡ ଗ୍ରାମ ମାନଙ୍କରେ ଦାତବ୍ୟ ଆୟୁର୍ବେଦୀୟ ଔଷଧାଳୟମାନ ରଖିବାକୁ ହେବ, ଏବଂ ତାଙ୍କ ତାଲୁକାରେ ଥିବା ଉପଯୁକ୍ତ ଚିକିତ୍ସକ ମାନଙ୍କୁ ସାହାଯ୍ୟ ଦେବାକୁ ହେବ।

(ଗ) ବିଶ୍ୱବିଦ୍ୟାଳୟମାନ ତାଙ୍କ ଅଧୀନରେ ଥିବା ଆୟୁର୍ବେଦୀୟ କଲେଜ ଓ ବିଦ୍ୟାଳୟମାନଙ୍କ ସଂଲଗ୍ନରେ ଯଥାକ୍ରମେ ହାସପାତାଲ ଓ ଔଷଧାଳୟମାନରଖି ରୋଗୀମାନଙ୍କୁ ଔଷଧ ବଣ୍ଟନ କରିବେ ।

(ଘ) ବ୍ୟକ୍ତିଗତ ଭାବରେ ରାଜା, ମହାରାଜା ଓ ଅନ୍ୟାନ୍ୟ ଧନୀମାନେ ଆୟୁର୍ବେଦ ଚିକିତ୍ସା ପ୍ରତି ଆକୃଷ୍ଟ ହୋଇତାଙ୍କ ରାଜ୍ୟର ପ୍ରଧାନ ପ୍ରଧାନ ଗ୍ରାମମାନଙ୍କରେ ଔଷଧାଳୟମାନ ରଖି ରୋଗୀ ମାନଙ୍କୁ ଔଷଧ ବଣ୍ଟନ କରି ଆୟୁର୍ବେଦ ଚିକିତ୍ସାର ଅଭିବୃଦ୍ଧି କରିବେ। ଏହିପରି ଭାବରେ ଆୟୁର୍ବେଦ ଚିକିତ୍ସାକୁ ସାହାଯ୍ୟ ଦିଆଗଲେ ଅଭିବୃଦ୍ଧି ହୋଇ ପାରିବ, ଏଥିରେ କିଛି ସନ୍ଦେହ ନାହିଁ ।

PROCEEDINGS OF THE COMMITTEE ON INDIGENOUS SYSTEMS OF MEDICINE.

ORAL EXAMINATION OF WITNESSES.

The Committee met at the committee room of the Council Chamber, Fort St. George, at 12 *noon on Monday the* 25*th September* 1922 :—

PRESENT:

(1) Khan Bahadur MUHAMMAD USMAN SAHIB Bahadur (Chairman).
(2) Dr. A. LAKSHMIPATHI.
(3) M.R.Ry. M. SUBRAMANIYA AYYAR Avargal.
(4) ,, C. T. ARUMUGHAM PILLAI Avargal.
(5) ,, K. G. NATESA SASTRI Avargal.
(6) ,, T. R. RAMACHANDRA AYYAR Avargal.
(7) Mr. A. T. PALMER.
(8) Dr. G. SRINIVASAMURTI (Secretary).

The Committee proceeded to examine witnesses.

First witness.

Replying to the Chairman, Mr. P. S. Varier deposed as follows : I am the Secretary of the Ayurvedic samajam. I am also a medical practitioner. I practise Ayurvedic system. I undertake the treatment of all those diseases that usually occur in my part of the country. It is not usual to deal with *Kalazar*, *Dengue*, *etc.*, fevers in my parts. If these fevers should occur there, they will be treated exactly as *Sannipada* fever is treated. In the majority of cases that I have treated, I have been successful. I have got a medical school and hospital of my own. I have got in-patients as well as out-patients. I have not got ready now a statement showing the number of cases I have treated with the percentage of success. I will send such a statement after my return home. All classes of people, both rich and poor, the educated and the illiterate resort to my treatment. I am using quinine for malaria in the initial stages. I have no objection to utilize such things as are useful in the western systems of medicine in our treatment. I administer quinine as temporary remedy and then I resort to indigenous medicines to effect radical cure. I am generally of opinion that it would be advantageous to incorporate western methods of surgery into our system. As things stand at present, we require the aid of a western practitioner for performing operations in cases such as hernia, carbuncle, etc. If Government give aid, I have no objection to incorporate western surgery in the Ayurvedic system. Regarding the cost, I am of opinion that the eastern medicines are comparatively cheaper. If I am asked to give the relative cost of two prescriptions for a particular disease, I can give at once. After my return home, I will send a statement showing the cost of medicines for a certain number of patients both according to the eastern system and the western system. In our system there are certain prescriptions which are of great value in all cases of mental and nervous diseases. I have in my hospital record to show that I have succeeded in certain cases of nervous diseases where the English doctors have failed. After my return home I will send a list of such cases. At present we have not got sufficient number of good physicians to deal with all cases that arise. I have a western practitioner attached to my hospital where I train students. I give four years' training to my students. The course of study comprises the reading of Ayurvedic books and dissection on small animals such as hare, sheep, etc., but not on human bodies. If Government give facilities, I have no objection to teach my students dissection of human bodies.

Replying to Mr. Palmer witness said : Training in dissection will help our system of medicine. Training in the structure of human body may not be necessary from the point of view of treatment, but it may be helpful to understand anatomy. A knowledge of English physiology is not at all necessary for our system. The functions of the various organs of the human body are described in our own shastras.

Replying to the Chairman, the witness said : Our own shastras describe the human body, but there are certain portions which are very obscure. If modern physiology could throw light on those obscure things, then I have no objection to incorporate such portions of the modern physiology into our system. A knowledge of English may be necessary if students are taught both the systems. But if there are good text books in the vernaculars, then, there may not be necessity to know English. For the time being, it may not be possible for the Ayurvedic practitioners to get on without the aid of the western medical men except in cases of minor surgery. I have performed certain minor operations such as in cases of boil, syphilis, etc., I have used Ayurvedic ointment in such cases. Medical registration is necessary in my opinion.

But I am strongly against the registration of all the quack doctors. At present people who have not got sufficient knowledge in medicine are allowed to practise We should register only those who have had some training. We will have to proceed more or less on the franchise basis. If we can get all people to attend an examination it will be well and good. But there are certain elderly people like 'ashtavaidyans' who will not care to attend an examination. On that score we should not lose their valuable services.

Replying to Mr. Palmer, the witness said: I issue two diplomas to my students, namely, the Vaidya and the Vaidyasiromani. The examination consists both oral and practical. I may add that I have not granted till now the Vaidyasiromani diploma to anybody.

Replying to the Chairman, the witness said: It is better to have a medical board consisting only of Ayurvedic practitioners. If it is not feasible, the present board may be expanded by the inclusion of certain number of Ayurvedic practitioners in it.

Replying to Dr. Lakshmipathi, the witness said: There are certain surgical diseases like diabetes, carbuncles, etc., that can be more effectively treated by the Ayurvedic medicines than by surgery. Details of appendicitis are not given in the Ayurvedic system. As for piles and fistulæ, I think it is better to apply some *kharam*. We usually call malaria *vishama jwaram*. At first, I administer quinine as immediate remedy, and then I give ayurvedic medicine to counteract the bad effects of quinine.

Replying to Mr. Palmer, the witness said: We must depend upon the 'Thridoshas' or the three humours. Our Ayurvedic system is entirely dependent upon the belief of the three doshas. I believe in the circulation of blood. There are certain verses in Sanskrit relating to the circulation of blood. As far as smallpox is concerned, inoculation may do good. It is quite possible that the essence of a drug may have different curative properties from the drug itself. I think restriction of diet is extremely necessary so far as the Ayurvedic system is concerned.

Replying to Mr. Arumugham Pillai, the witness said: My written statement to the Committee was prepared only in reference to ayurveda and to the Sanskrit books. I have not touched on any of the Tamil books, nor do I pretend to have any knowledge of the Tamil books.

Replying to the Chairman, the witness said: Plague is not treated by the Ayurvedic physicians owing to Government restrictions. There are certain diseases which according to the western system can be cured only by surgery but which according to the Ayurvedic system can be cured by the application of medicines only. As instances, I may quote carbuncles, abscess, piles, fistulae.

The next witness examined was Mr. K. C. Subramaniyam Pillai.

Replying to the Chairman, the witness said: I practise both Siddha and Ayurvedic systems of medicine. I think the two systems are not different but they are one and the same. The Siddha system is to be found in the Tamil land and the Tamil books. I think the origin of the Siddha system is the same as that of the Ayurveda. I had my own dispensary formerly, but now I have not got. I am now practising in Pollachi. I am able to treat all diseases under our system with about 75 per cent success. I do not at all use any English medicines. I condemn quinine because it has very bad after effects. It affects the ear and produces head-ache also. Persons who take quinine fail to derive any good from other medicines of Ayurveda and I therefore do not use quinine. I am able to cure malaria by my drugs as quickly as can be done by administering the quinine. I have cured one forest ranger, Mr. Rama Rao, who was suffering from malaria for over fifteen years. In about 10 or 15 days I was able to cure him by my drugs. He had not only malaria but also diarrhœa for a long time. He told me he was taking quinine from a very long time but that he got no relief therefrom. I do not deal with surgical cases. As for midwifery we have got our own midwives in our places. As for eye diseases, we apply our own medicines. Recently I was able to cure cataract by the use of lotus honey. No doubt the lotus honey is very costly. We have also some 'kan-thailams' which cure some other eye diseases. Surgery was in existence in our system in olden days. In the English translations of our books, edited by Calcutta doctors, you will find that a large number of scientific instruments are named. They were all handled by our ancient rishis. Unfortunately, they have fallen into disuse. As the present day market is so cheap, ancient surgery has deteriorated. The western system predominates everywhere and we are left behind.

Replying to Mr. Palmer, the witness said: I cannot say whether there is any medicine in our system which can produce senselessness like the chloroform. Of course, we have got other drugs which can produce senseless effect. There is the 'datura' and there is also the 'opium'.

Replying to the Chairman, the witness said: I can cure diabetes, dyspepsia, etc., according to the Ayurvedic system. In Anamali, a police inspector was my patient. When he came to me there was sugar in his urine and after undergoing treatment under me for some time, the sugar disappeared and he was restored to his normal health. I can cure hydrocele by giving medicines externally. We have also got some very costly 'basmams' which cure consumption. I have also cured some cases of scrofula and leprosy. I generally appreciate the registration of medical practitioners. It will be well and good if we have a separate board for the Ayurvedic and the Unani systems of medicine. If that is not feasible, we wll be satisfied if some

members practising the Ayurvedic medicines are added to the present board. But eventually I would like to have a separate board of indigenous medical practitioners. In the beginning registration may have some bad effect on some in the shape of loss of income.

Replying to Mr. Palmer, the witness said : The cases of leprosy that I undertook were like syphlitic sores in nature. They produced bad matter and also bad smell. There was also the diminution of the hands day by day. In cases of blood poisoning we have got 'mathirais' to administer. In the critical stages of pneumonia and typhoid, we have been instructed to give these 'mathirais' in order to counteract the blood poisoning. I think the Ayurvedic medicines are cheaper than the English medicines because the former are easily procurable from the bazaars. Some can also be got in our back yards. As regards purity of the drugs, we must get them purified. Even milk is adulterated with water. We get our lotus honey from Calcutta and Simla. To test its purity we have got our own tests. The lotus honey has special characteristic for the taste. I think all the diseases can be diagnosed by feeling the pulse. If the patient is able to give his own state of the disease, where is the necessity to feel his pulse? It is only when the patient is unconscious that we have to feel his pulse and ascertain the nature of his disease. As for the term 'humour' for the 'thridoshas' I cannot say anything. That was the name given by experts and I cannot vouchsafe for its accuracy. Probably it was given in a humourous strain. By feeling the pulse we can discover the combined actions of the three humours.

Replying to Dr. Subramaniya Ayyar, the witness said : For 'prasava jvaram' I do not give the medicine which I give for ordinary fever. I have got some medicines which can clean the uterus.

Replying to Dr. Lakshmipathi the witness said : 'Karunchirakam' and assafœteda are also very effective as uterine cleaners.

Replying to Dr. Subramaniya Ayyar, the witness said : I think all the old medical practitioners should be registered. Reputed physicians, or physicians who have a good knowledge of medicine may be registered. You should not consult medical men for registration. You must consult the revenue authorities, for they will give their impartial opinion. Medical men will be jealous of each other.

Replying to the Chairman the witness said : I have often issued certificates to my patients. It is left to the discretion of the courts to give weight to them or not. At first I give a certificate to my patient; and based upon that certificate a western practitioner gives another on receipt of some fees. I do not feel any difficulty in not being able to give a certificate which will have as much effect as the one granted by a western practitioner. I want the registration not for my own sake but for the protection of all.

Replying to Mr. Arumugam Pillai the witness said: If it is decided that only persons who have practised medicine for not less than five years should be registered, there may be many people forthcoming. But those who do not get themselves registered should not be prohibited from practising the Ayurveda. As an instance I may quote that the High Court when it decided to prohibit all private vakils from practising relaxed this rule in the case of those private vakils who were practising since the year 1889. By reason of having practised for over thirty years, they became entitled under law to continue their profession undisturbed. Similarly, in the case of medicine also, a rule should be laid down that such and such persons who were practising prior to such and such a year should not be prohibited from practising because they have not got themselves registered. All old people should be encouraged in this profession. For the saying runs : 'Bala-josyam' and 'Vriddha-vaidyam'. I think colleges should be opened for the training of people and also the necessary text books should be got written by the Government. I may also add that there are some people who have specialised themselves in particular diseases. They will be able to treat only that particular disease and no other. On that account, specialist should not be debarred from having their name entered in the Government medical register. We must also give the specialists a diploma in that branch in which they are proficients.

The next witness examined was *Mr. V. Narayanan Nayar.*

Replying to the Chairman the witness said : I own a private dispensary. I am not connected with any public institution. I was trained under Nilakanta Varma. I try all the cases that come to me. I am able to cure all sorts of fever. I treat 'kalahazar' and 'Dengue' just as I treat 'Pithajvara'.

Replying to Dr. Lakshmipathi, the witness said : In the case of new diseases, I diagnose them under the proper 'dosha' and treat them accordingly. I have been practising medecine for the last over 15 years. If a new disease comes, all that is required is to classify it under the proper derangement of 'dosha'. According to our shastras we can diagnose any disease.

Replying to the Chairman, the witness said : I have never used any English medicine during the whole of my practice. For malaria, I do not use quinine, but I use 'panchathiktha kashaya' 'Rambana rasa' and 'Chintamani rasa'. I have never used quinine till now. I do not undertake surgical operations. If I get any, I send it to the local medical practitioner for treatment. I have been treating eye diseases. If there is any derangement in the vision, I will give oil and medicine internally. Surgery is mentioned in our shastras. But it is not practised

anywhere in Southern India. There is no doctor in Southern India who can teach surgery as laid down in our Shastras. No doubt the theory is mentioned in our books, but we have no practice. After getting training from allopathic doctors we can practise surgery according to our Shastras. In order to be a complete doctor midwifery also should be taught. Our present practice is defective.

Replying to Dr. Lakshimipathi, the witness said : There are many points in Sushruta which a modern physician can learn with advantage.

Replying to the Chairman, the witness said : The indigenous medicines are certainly cheaper. If colleges are established by Government, I do not think it is necessary to teach the students in English. For practising Ayurveda it will be of advantage if he knows English, because he will be better appreciated by the educated people and he can also interpret his theory in modern language suitable to the modern mentality. I think medical registration is necessary It would be preferable to hava a separate board. I have cured consumption, with bleeding, etc., which has been declared incurable by English doctors. There are seven varieties of leprosy. Diabetes in its preliminary stages can be cured easily. We can open boil by applying medicine externally.

Replying to Mr. Palmer, the witness said : I have read Asthanga Hridaya in Sanskrit. Every doctor has also to learn the making of medicines. A man cannot be called a doctor unless he knows how to prepare medicines. Under the Ayurvedic system a doctor is both a compounder and a nurse. Preparing medicines is merely compounding herbs. There are also people who know only how to make medicines. They are merely 'sishyas' or disciples ; they cannot be called regular doctors. Ashtangahridaya is composed of eight parts. The properties of medicines are given in our Shastras. We have also Hygiene in our system. Cholera germs can be killed by boiling water. There are also several other methods of antiseptics given in our Shastras.

Replying to Dr. Lakshmipathi, the witness said : The drugs are classified in Ayurveda according to their properties on bodies, like purgatives, etc. There is a drug for increasing the flow of milk in the mother, another drug for purifying the blood. There are 56 classifications in Charaka. In Shusruta it is something more.

Replying to Mr. Natesa Sastriyar, the witness said : I was called by His Highness the Maharaja of Baroda to treat an advanced case of skin disease. That was some six or eight months ago. I went three times to Baroda. The Maharaja's case was cured. He was suffering from insominia. The Maharani was not cured.

Replging to Dr. Subrahmanya Ayyar, the witness said : I have treated cases of Tetanus. There was lock-jaw, fever, sweating, and obstruction of urine.

Replying to Dr. Lakshmipathi, the witness said : I have not heard of Suchikabaranam, i.e., the injection of medicine through the needle. I have not practised that sort of thing, and I have no experience of that.

Replying to Mr. Arumugam Pillai, the witness said : As far as I know, it is true that Ayurveda became separate from Unani. I have stated in my written statement that the Unani may be kept separately, because a class of people desire that it should be so. All that I have stated in my written statement regarding Siddha Vaidya is derived from a knowledge obtained from my association with Tamil physicians. I have not read Tamil books in original.

Replying to the Secretary, the witness said : I can diagnose any new disease according to the 'thrithosha' principles. In treating a new disease, we cannot follow the 'Sampraptthi' laid down by English doctors for that particular disease. If we do so, we will fail in our treatment. Our treatment is based only on 'thrithosha' theory, without recognizing which a man cannot give medicine. By diagnosing the derangement of 'thosha' we can decide previously what is going to occur later on. But I have no objection to take the knowledge from English books regarding the 'samprathi' of new diseases. But it is no use for an Ayurvedic physician to know the temperature of the body. I think it will be advantageous if we incorporate in our future text-books all that is good in the Western system as well So long as the 'thrithosha' theory is not given up, there is no objection to incorporate any knowledge from the English books into our books. By 'Arthakari' treatment is meant treating a disease by producing a similar condition. This principle and the principle of vaccination and inoculation seem to be the same.

There are certain books which describe how we can ascertain the Ayus. They clearly describe the 'sadhia-sadhiya, the 'Ayu pareekshai', i.e., prognostication is included therein.

The next witness examined was *Mr. C. V. Subramania Sastri.*

Replying to the Chairman, the witness said: I am connected with a public institution in Tirupati. There is a school named Sri Venkatesa Ayurveda Pathasala. There is a dispensary attached to the school. I am a lecturer therein. There are 20 students at present. They undergo a four years course. We take only outpatients. Kalaazar and Dengue come rarely in our parts. I remember some cases were treated in Kannikaparameswari Dispensary. When I was senior physician there, I cured some cases of Kalazar I will send later on a statement showing the number of cases treated and the percentage of success. All kinds of people, both rich and poor, resort to my dispensary. I do not at all use any English drugs. For

malaria, I use 'panchathiktha churna' 'Ananda bhairavi'. I was trained under Pandit Gopalacharlu. I do not know surgery. I do not take surgical cases in my dispensary. We undertake only simple wounds. Our dispensary is defective so far as we are not able to undertake surgical cases. We are going to introduce that system next year. We intend appointing an L.M.P. As there are at present no persons in our system trained in surgery, we are obliged to have recourse to a western practitioner. There is a teacher attached to our patasala who teaches anotomy. We teach dissection on small animals such as rabbit, sheep, etc. If Government should give the necessary facilities, I have no objection to teach dissection on human body. Regarding the question of cost, I think the Ayurvedic medicines are cheaper. In our dispensary, the cost of medicine per head is from 11 to 12 pies. I prefer the indigenous system to the English system for various reasons. India's climatic conditions and the habits of the people are not suitable for the English system. Our ancestors have written several useful books on Ayurveda. As we are born and bred up in this country, the herbs that grow in this country will easily cure all our diseases. The herbs give us the particular 'bhutha' that is wanting in us. I am certainly successful in all the cases that I treat. I never use quinine for fever, because it has a very bad effect on the system. Now, the western practitioners themselves admit that arsenic has a very good effect in certain cases. Our ancestors were giving 'chanka pashanam' as much as a needle point and it had very good effect on the human body. The English people, too, now admit the efficacy of arsenic treatment. It was recently discovered that 'konda kasavu' had the same curative properties as quinine. This 'konda kasavu' is very cheap. It can be obtained in large quantities for two annas, whereas quinine is very costly. Besides, the 'konda kasavu' has no bad effects that 'quinine' has. I have also found from my experience that 'konda kasavu' effects a radical cure.

Regarding surgery, I may say that it once existed in our system but it has come into disuse of late. From my experience, I may say that operation in cases of carbuncles are not generally successful. I know that in some cases of carbuncles, success has been obtained by administering medicine. When the late Mr. V. Krishnaswamy Ayyar was ailing from a carbuncle, I was one of those who were invited to attend upon him. Myself and the other Ayurvedic doctors that came along with me were of opinion that the carbuncle should not be operated upon; but the English doctors held otherwise. They did perform the operation much against our advice and the result proved fatal. I can also cite the instance of a gentleman in Kalahasti named Purushotamayya who was successfully cured of a carbuncle by a raju with the aid of leaves only and without resorting to operation. It took about six months to effect a complete cure. There are cases of carbuncles which require operation and there are others which require no operation. These things can be ascertained only by studying the symptoms which are clearly laid down in our books. Therefore in Ayurveda we can treat certain cases successfully which are pronounced to be incurable by the western doctors.

Replying to Dr. Lakshmipathi, the witness said: 'Sanka pashanam' mixed with curd will have the effect of deadening pain when we cut a wound with a knife. There are also some other medicines which can make a wound burst without the necessity for a knife. We teach our students in Telugu and Sanskrit. There are not enough funds to translate the Sanskrit works in the vernaculars. If Government give funds, then we can easily translate the Sanskrit works into the vernacular and make them easily available to all the people. I think a knowledge of English is also essential to our students. We have certain disabilities at present for want of registration. We cannot grant certificates of ill-health to persons who are summoned to courts while they are ill. I think all the indigenous medical practitioners should be registered. There must be some committee or the All-India Ayurveda Mahamandali may be requested to select candidates fit for registration. At present we cannot restrict the registration only to those who pass an examination In the course of some five years more, we can restrict the registration only to those who pass certain prescribed examinations. I think it would be advantageous if we have a separate board for the practitioners practising the indigenous system. It is also essential that there must be a provision in the Act for an appeal to the High Court by the aggrieved person.

Replying to Mr. Palmer, the witness said: I charge from Rs. 2 to Rs. 5 for a visit to the patients I think it is advantageous to use the medicines available in the country where we are born instead of going to foreign lands.

Replying to Mr. Ramachandra Ayyar, the witness said: I think the Ayurvedic system is self-sufficient for the purpose of medical treatment in India. We need not have recourse to the allopathic or any other systems here, except in surgery. No doubt surgery too is mentioned in our Shastras, but it has been left out of practice. If it is revived by the Government I am sure it will thrive very well. In Ashtanga Hrithaya, surgery also is mentioned. When a woman is about to die while delivering a child, the exact process to be followed in taking out the child alive is mentioned in our shastras.

Replying to Dr. Lakshmipathi, the witness said: I was educated in the Madras Ayurvedic College. I left the college in 1905. Students who have come out successful from the Ayurvedic College have started colleges of their own in all parts of the Presidency. I am now the Principal of a college in Tirupati. My ideal is that the students who are trained under me should go out and start fresh colleges of their own after their period of training is

over. I am the President of the old boys' association. We have got a journal named 'Dhanvanthri' which is a fortnightly by which we get into touch with each other constantly. The students and professors contribute articles to that journal. There are several sections in the journal. The sections are: the factory, the students' association, the description of cases, the drugs, etc. By means of this journal we get post-graduate education and we will be in touch with what is going on in the outside world and in the college. Surgery is now taught in the Madras Ayurvedic College. Seven hundred and twenty-five cases of surgery were treated in this college. There the operations are performed based on the modern system combined with the ancient. Dr. Lakshmipathi was our professor in surgery. I have no objection to incorporate the modern methods of surgery in the old methods of surgery. I have got the reports of the college which I file now. In the college we follow the syllabus prescribed for the All-India Vidyapita. The cost of treatment in the Madras Ayurvedic College is half an anna per head. The cost of medicine will decrease as the number of patients increases. The greater the number of patients the less the cost. When the number of patients was 30,000, the cost was As. 1-3 and when it was 50,000 the cost was half an anna per head. One thousand two hundred and fifty cases of malaria were treated in this dispensary. It is easy to diagnose malaria. There is shivering, the fever occurs in alternate days or once in three days. Clear reasons are given in our Shastras why the fever recurs on particular days. All the 1,250 cases were treated without quinine. I am in favour of having medical registration. I think the board must be a separate one not being controlled by the Surgeon-General. We want a management which is independent of the allopathic management. If any injustice is done to a medical practitioner, there must be provision for an appeal to the High Court.

Replying to Secretary, the witness said: It is stated in 'Sushruta' that there are germs in the blood; some are visible to the naked eye and some invisible. In Ayurveda, much importance is not attached to the bacteria. Our system is entirely based on the 'thridosha' theory. Bacteria play only a secondary role in our system. So far as leprosy is concerned, the 'thridosha' and bacteria are both important. It is only when the normal condition of the body is spoiled that the bacteria can play havoc, but when the normal condition is not spoiled, the bacteria cannot have their influence felt.

When we have a new drug, we test its properties by inspection and by taste. If we know the chemical composition alone of a drug, it is not enough for us to use it. We must also know its 'rasa-virya-vipaka-prabhava'. Even if the Government should standardize a drug in terms of its chemical composition or active principle, it will not be enough for our purpose; for we should know its 'viryam' also. The active principle of 'chitramulam' and 'nepalam' may be one and the same, but the one will cause purging whereas the other cannot. 'Sunnam' and 'muthya basmam' may be same in chemical composition, but their 'viryams' are quite different. The western system takes the essence of drugs by soaking them in alcohol of some such substance. We cannot take that as really representing the essence of the drug. We do not know what 'viryam' it might have lost in the process of soaking. The combination of the several 'bhutas' produces the 'dravya' of a drug. We do not know which 'bhutam' goes away in the process of extracting the essence. Therefore I am of opinion that the method of standardising adopted in the west is not suited to our system. If we come across a new drug, we can find out its properties by tests laid down in shastras. Thus we will know its 'viryam.' Our ancestors who have written important books were 'thrikala gnanis.' They were superhuman and so they were able to know the properties of all the drugs and they have handed down their knowledge to us through these books. On their authority we use the drugs. Merely knowing the chemical composition of a drug is of no use. We must also know its 'rasa', 'virya and 'vipaka.'

In reply to Mr. Arumugam Pillai, the witness said: The drugs obtainable in any part of India can be used in any other part. I only meant in my written statement that the drugs used by the western prectitioners are not suited to the climatic conditions of India. I know there are two different systems of 'vaidyam' in vogue. The siddha system traces its origin to Eswara and the ayurvedic system to Brahma.

The committee then adjourned at 5 p.m. to meet at 12 noon on Tuesday the 26th September 1922.

The Committee met at the committee room of the Council Chambers, Fort St. George, at 12 noon on Tuesday, the 26th September 1922 and the following members being present :—

(1) Khan Bahadur Muhammad Usman Sahib Bahadur (Chairman).
(2) Mr. A. T. Palmer.
(3) M.R.Ry. K. G. Natesa Sastri Avargal.
(4) Dr. M. Subrahmanya Ayyar.
(5) Dr. A. Lakshmipathi.
(6) M.R.Ry. T. R. Ramachandra Ayyar Avargal (present in the afternoon).
(7) ,, C. T. Arumugam Pillai Avargal.
(8) Dr. G. Srinivasamurti (Secretary).

The Committee began by examining the following three witnesses who appeared jointly for the Eastern Medical Association of Southern India :—

(1) Hakim Saiyid Abdulla Husain Sahib Bahadur.
(2) Hakim Moulvi Saiyid Sha Abu Muhammad Mazharullah Sahib Madavai Bahadur.
(3) Haji Hakim Saiyid Makhdoom Ashraf Sahib Bahadur.

Replying to the Chairman, Mr. Abdulla Husain Sahib deposed as follows :—

I am the President of the Eastern Medical Association of Southern India. I am connected with the Khudusia College as a professor ; I am also supervising the dispensary there.

Mr. Muhammad Mazharullah Sahib by himself and on behalf of the other two witnesses deposed as follows :—

I am connected with the Khudusia College as professor of medicine and witness No. 3 is the Secretary of the E.M. Association and a private practitioner. I treat all diseases. I treat cases of Kala-azar, dengue fever, relapsing fever, as I treat other diseases. We have not got much experience in the treatment of plague as it is not much prevalent in these parts. I have however to say that, from the study we have made of the subject from our medical books, we will be successful in treating cases of plague if we have any opportunity to do so. But plague not being prevalent in these parts, we do not have practical experience about that disease. As for malaria, we can confidently assert that we can radically cure even the most chronic cases by our methods of treatment. Our books contain a clear account of the effects produced by fevers upon spleen, liver, blood and a complete account of the methods of treatment. We are therefore able to treat such cases successfully. We are also successful in treating dengue fever. Our dispensary has come into existence only very recently and we have been long thinking about the establishment of such a dispensary ; but for want of funds we could not do so. We started only recently and have now got only an out-patients' department. We have no records showing the number of cases that were treated, the number cured, kinds of diseases, etc. But I can say that at present nearly 200 patients come to us daily. We do not use even a single medicine from the English pharmacopeia. I am against using quinine and I do not advocate the use of quinine because our system provides for remedies which can dispense with the use of quinine. Secondly, quinine produces bad after-effects, for example, diarrhoea and giddiness in the head. People are therefore afraid of using quinine. I do not like to use for a simple case of fever a drug with such dangerous after-effects. The drugs of our unani system are by far cheaper when compared with the cost of quinine and they are free from all the bad after-effects which quinine has on the nervous system and the stomach.

As regards surgical cases, I may say that I was trained in the Lucknow College and have taken a first-class certificate I have also got a certificate from Sir James Meston. We have got a book on surgery written in Arabic. In the first page of that book it is said that the self-same book was at one time the text-book in Europe. The book is called Kamilus-sana-ah azza haravi. It contains 1,200 diagrams about surgical instruments, etc. It is stated there that the student who reads it and practises according to the rules laid down therein, need not be deficient in any way so far as surgery is concerned, and he can undertake any case with confidence. Mr. Abdul Hamid Khan who is at present the head of the institution at Lucknow is able to perform all surgical operations in accordance with the instructions given in the book. I also know from my personal experience that my teacher, the late Mr. Abdul Razid Sahib, the elder brother of the abovenamed gentleman, was performing operations according to that book. I have got quite sufficient work in attending to medical cases and could find no time to attend to surgical cases. Moreover there is lack of encouragement, so that if patronage is extended to us I am sure we can undertake that task. Stone in the bladder, gangrene carbuncle are cured in our system by means of medicines. We give our students only theoretical training in surgery. We have no opportunities for dissections. Students can become master of surgery only after learning dissection.

So far as midwifery is concerned, the gosha system stands in our way and we are prevented from having much experience in that line. Muhammadan women prefer to be treated by English nurses. In the olden days Muhammadan lady doctors were trained in midwifery and

they were treating such cases. But now the patronage is withheld from us and we have only got theoretical knowledge. At present there is one zenana midwifery section attached to the Delhi Medical College.

I am certainly of opinion that our medicines are cheaper than western medicines. Even at present the cost is very low; and if we begin to prepare our drugs in larger quantities, we can have good supply drugs at considerably less cost.

As regards the special diseases that are cured by the unani system I may say that they are chronic nervous diseases, diabetes, paralysis, dropsy, syphilis, fistulæ, and syphilitic affections of nose.

The media of instruction for students of the Unani system of medicine is at present Urdu, Persian and Arabic. There are at present books available in Urdu, but a knowledge of Persian and Arabic is necessary. Urdu alone is not sufficient. A knowledge of English is not absolutely necessary for a unani student, but it is better to know English in these days.

As regards medical registration I am of opinion that the ayurvedic and unani practitioners should be registered. Because our names are not found in the medical register at present we have got great disabilities. Our certificates are not recognized. We want that when we treat a patient or examine him and give a certificate to that effect, such a certificate should be held valid. I want a separate medical registration board consisting exclusively of indigenous practitioners.

I think that the ayurvedic and unani systems are based on the same theory. We do not have direct knowledge of the ayurvedic system, but from what we see of ayurvedic practitioners and what we learn from experience, I can say that there is close similarity between the two systems both in theory and practice. The difference between the two systems is only in language.

Replying to Mr. A. T. Palmer, the witness said: Our unani books are in prose. By lack of encouragement for learning surgery, I meant financial help. In the old days when there was State patronage, surgery flourished well. We can show by historical facts that modern western surgery is based on our ancient surgery. I do not know any cases of Muhammadan women calling in the aid of western male doctors. On religious grounds women are prohibited from doing so. Charms have no connexion whatsoever with unani medicine. It is a fact that most of the time of indigenous practitioners is taken up in preparing medicines, because there are no other facilities for their preparation. Maintaining secrecy regarding medicines, depends upon individual practitioners. But the system does not allow such a secrecy. There are books on the system which are available to all. If all the knowledge had been really kept secret, it would not have been handed down to us from ancient times. Provided a practitioner knows the ingredients constituting a medicine, he may use it even though prepared by another; otherwise he would not accept medicines prepared by another practitioner. I am in favour of the ideal of separating the functions of healing and the preparation of medicines and handing over the latter to some responsible authorities. We employ artificial methods of bringing down temperature such as sponging with cold water, foot baths, hip baths, etc. If a man receives an injury on the head and becomes unconscious we explain that phenomenon as a disturbance of the nervous system owing to external causes, e.g. a change in the condition of the brain, a rush of blood to, and a congestion in, the brain. In the treatment of such a case we recognize the principle that blood has clotted in the brain. No knowledge in the world is complete, and so also the Unani system is progressing forward towards perfection by the addition of knowledge gained by research.

Examined by Dr. Lakshmipathi, the witness said: I do not use applications of cold in all cases of high fever but only when there is a rush of blood to the brain and when certain symptoms are manifest to warrant its use. It has to be used with discretion. The allopathic practitioners probably use cold applications in all cases of fever, but I believe that cold will do harm in some cases of fever. In bilious fevers (pitha jwara) we would have recourse to cold applications but not in cases of phlegmatic fevers (sleshma and vatha fevers).

In answer to Mr. Arumugam Pillai, the witness said: We examine the nadi in our treatment of cases and our system allows it. There is a separate treatise on the subject. In our system there is treatment for such bad diseases as nakkunni, mukkanni, marphani. We also use some 'poisons.' We purify them before giving them as medicine, but we do not give them for all diseases and at all stages. If the disease goes to the fourth or the last stage, then we administer poison drugs. These poison drugs, when purified, do not produce bad effects. The disease for which such drugs are given are paralysis, syphilis, leprosy, etc. Root drugs do not act quickly at that stage (advanced stage). I have experience of poison drugs acting very quickly. Sometimes the use of poison drugs or root drugs varies according to one's method of treatment.

Hakim A. Muhammad Abdus Salaam Sahib Bahadur.

The above gentleman was the next witness examined. Replying to the Chairman, he said: I am a practitioner of the Unani system, but I also use Siddha medicines. I studied in anatomy and physiology in the Medical College. I have been practising for the last seven years. In the diagnosis of fever like Kala-azar, dengue and malaria I am guided by

the symptoms, e.g., the enlargement of the spleen and liver, etc. The cases that have come to me have been successfully treated. Kala-azar is described in our books, but I use Siddha medicines for such cases. I treat dengue-fever too. I do not feel the necessity for using any English drugs nor quinine. The principle of quinine is bitterness. That quality you can find in neem bark, nilavembu, etc. These drugs are free from the bad effect of quinine while possessing its curative properties. A combination of some seeds with linga sinthuram will also have good effect in fevers.

Cases of surgery have not come before me. Our system is defective by virtue of the fact that there are no surgeons among us. Our medicines are certainly cheaper than western medicines. I can prepare for one rupee fever pills sufficient for hundreds of patients. I have cured many cases of chronic gonorrhoea which have baffled allopathic doctors. I have treated many cases of syphilis for which I can prepare cheap medicines. I have cured three cases of diabetes within the period of my practice with unani treatment. I have written about the properties of the drug called bulamar. With some combinations it has given very good effect in cases of diabetes. I can treat any case of nervous debility given up as hopeless by allopathic doctors. As far as aphrodisiacs are concerned I do not think allopathy can compete with our system. I know advanced cases of nervous diseases and paralysis being cured by eminent unani physicians.

I know Persian and Arabic. I have read Persian books and I am also in touch with the latest publications in Urdu. I do not think that a knowledge of English is essential for a unani physician, but it will help him much.

I want that medical registration must be put into force provided you are going to establish colleges and dispensaries, as otherwise you would not be making any provision for turning out efficient men for the future. On that condition only, I am for medical registration of indigenous practitioners. I am of opinion that the medical registration board must be a separate body by itself for the indigenous systems. We have got an analogy for this in Travancore where a Master of Arts is employed as Director of Ayurveda. I think that our Director of Indigenous Systems of Medicine should have nothing to do with the Surgeon-General. Because, naturally, there are prejudices and mutual envy about these systems. It goes without saying that such a head as the Surgeon-General will create difficulties in our way and put restrictions. So I want that our practitioners must be placed under our own men, and that a medical registration board consisting exclusively of indigenous practitioners should be constituted.

I think it is better to allow appeals from the registration board to the High Court because we can have the services of clever lawyers.

Replying to Mr. A. T. Palmer, the witness said: The drugs employed by unani and ayurvedic practitioners can also be used by allopathic practitioners if they know how to employ them in the natural way in which they should be used. For example, I think, I have read in some book that Dr. King of Bombay once subjected myrobolans to chemical examination. He analysed it into so many nitrates and phosphates. After all his quantitative and qualitative analysis he found that that particular thing was wanting in it which was responsible for giving it the quality of purging. The allopathic doctors are no doubt welcome to use our drugs provided they use them in a natural way but not by taking what they call active principles. We purify the drugs and use them. There is a drug which when soaked in cow's urine produces quite the opposite effect of what it would do before. So in that respect ourselves and allopathic doctors are as poles as under. If they follow our methods of combination of medicines, only then can they use drugs of our systems. I do not and I did not say that our system consists only of drugs or that there is no scientific framework behind it. If the allopathic practitioners want to incorporate our system and use our drugs they must learn the theory also from us. The whole system does not consist of drugs and medicines alone. I think they must recognise the theory of the doshas, otherwise they cannot properly administer the medicines. The allopathic doctor must know when and how to use the drug. So I think that both the systems and the drugs and their use must be learnt. I think that the basis for the ayurvedic and unani systems is practically the same, though there is some difference which is not of much importance and which does not affect the method of treatment. We recognize four doshas whereas the ayurvedis recognize only three, so that the difference is only of academic rather than of practical importance. We also, like ayurvedis, recognise the importance of dhathus.

Examined by Mr. Natesa Sastrigal, the witness deposed thus: On grounds of language, I think that there must be separate institutions for ayurveda and unani. I want that unani institutions should be conducted in Urdu. Unani cannot be taught in Sanskrit just like ayurveda.

I am of opinion that mere certificates of examinations would not be sufficient to guarantee efficiency. But there should be a separate medical registration board to register qualified practitioners, as otherwise we will have to depend on the whims and fancies of the principal of the college which issues diplomas. At first all the present practitioners whether qualified or unqualified men or quacks must be registered by the Board and in future admission should be restricted to certificate-holders (those who pass from colleges to be established hereafter). When once you register all the present practising people you close the register for five years to come, after which new men will be turned out by the Government or aided indigenous medical

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schools. I did not say that a medical registration board is necessary to distinguish between real medical men and quacks. But it is intended for entering the names of practitioners in the register which is going to be opened by which the public will have confidence in them. It is intended for the convenience of the public to guard them against unqualified men in future.

Questioned by Dr. Lakshmipathi as to how to register certain practitioners who were specialists in particular treatments such as snake-bites, poisoning, lunacy, etc., the witness said that all such people should be included in the register with certain safeguards and precautions confining them to their particular branches of treatment on the analogy of the licensed dentists in England.

Questioned by the Secretary, the witness said that he agreed with those who thought that the object of medical registration is to serve the interests of the public and guide them to know the qualified practitioner from one who is not, to act as a check upon the vagaries of medical practitioners and unprofessional conduct in general and also to ensure the status and efficiency of the profession as an organized body.

There are, in the unani system, general principles by which new diseases can be handled. The doshas are described and the disease is treated according to physiology and pathology and by taking account of the doshas. We are for incorporating everything mentioned in other systems provided that we have sufficient guarantee that the medicines will not be ever-changing. I am certainly in favour of incorporating everything good from other systems and I would like to be in touch with the medicines used in the whole world. I admit that a knowledge of English will be very useful for the unani practitioner as well as to the research student.

In answer to Mr. Arumugam Pillai, the witness said : I would like that medical education in unani system should be given in separate schools and not in Ayurvedic schools. So far as I am concerned, whether it is the siddha system or ayurvedic system, I have been using sinthurams and basmams. In my opinion, the siddha system consists mainly in the increased use of basmams and sinthurams. Though persons come to us for treatment, if we give a certificate to any gentleman so treated, it is not recognized by Government. We want that our certificates should be equally valid with those of registered allopathic doctors.

The Committee adjourned for lunch at 2 p.m. and reassembled at 2–20 p.m.

M.R.Ry. A. Subbaraya Pandit.

The next witness examined by the Committee was M.R.Ry. A. Subbaraya Pandit, Principal, Mysore Government Ayurvedic College.

In answer to the Chairman, the witness said : I received my training in the Mysore Sanskrit College. The Ayurvedic College was not then established in Mysore. I undertake the treatment of all medical diseases including fevers of all kinds. Kala-azar does not exist in Mysore. I do not use any English medicines. As for surgical cases, if they are common ones, we cure them by external applications but in serious cases we send the patient to the English doctors. I am in charge of the out-patients' dispensary in Mysore. There are different varieties of medicines prepared by us. In certain medicines we will have to use even gems. But ordinary medicines are not costly. Generally our medicines are cheaper than western medicines. But we have got also very rare and costly drugs. We specialize in the treatment of consumption, fevers, diseases of liver and spleen, and stomach troubles, diabetes, dropsy and ordinary leprosy in its early stages. I am connected with the Ayurvedic College and there are at present 16 students. Anatomy is taught to the students by an English lecturer trained in the western system of medicine and also by an hospital assistant. The fundamental parts of the body are shown and the function of each part is explained to the student, and they are allowed to attend *post-mortem* cases if they like, in the hospitals, but they are not compelled to go. They were attending the in-patients Department of the Government Allopathic Hospital, but they are not doing so now. We admit into the school Sanskrit and Kanarese students. Formerly we used to take Sanskrit and English students, but now we have dispensed with English for the reason that students knowing both English and Sanskrit are not coming in. If they know English it would be better.

I am of opinion that medical registration should be introduced. There should be a separate medical registration board for the indigenous systems not controlled by western practitioners. We are not enemies to the western system but we do not want those who are prejudiced against our system to have any hand in its control. We do not care whether the Controller is the Surgeon-General or any other person, but what we do want is that he should not be an enemy of our system of medicine.

If the Surgeon-General knows the ayurvedic system I would have no objection to his controlling the board.

Questioned by Mr. A. T. Palmer, the witness said : I prefer ayurvedic system in medicine but for surgery I prefer the western system. I prefer the ayurvedic system of medicine on the ground that it is not dangerous, it is efficacious, generally it contains no poison and will not

cause indirect hurt to body. In surgery we are not so much trained and so I prefer the European surgery. By saying 'enemies to the ayurvedic system' I mean that there are people who without knowing the nature of our science simply blame it and say before the Government or the public that Hindu medicines should not be used and that it is simply quackery; I called those who say so 'enemies of our system'. They say so out of prejudice and also perhaps they think they may lose their own income. I cannot say what they have in their minds but I think so.

To Dr. Subrahmanya Ayyar's questions, the witness replied as follows: I do not consider that all cases of spleen enlargement are of one kind. But they are of different kinds. In some cases the person may die soon if it is not treated, whereas in other cases life will be prolonged even for one or two years. Generally all cases of spleen enlargement will be accompanied by fever in a greater or less degree. I treat all cases of spleen enlargement by the same method with some little difference. I think that some allopathic medicines contain poison but I do not know personally. We are admitting students who know Sanskrit and Kanarese because we are not able to get students knowing English and Sanskrit.

In reply to Mr. Natesa Sastrigal, the witness stated that he knew very little of the Siddha system.

In reply to Mr. Arumugam Pillai, the witness said: We use Dravakams but not Jayanir or Thinir. We use Kulikais (pills), but not so much of Urikina Kattu. We also use amalgam preparation of arsenic to some extent but not very much. Basmams and Sinthurams are being largely used by us. We follow Charaka Samhita and also Rasaratna Samuchayam. All that is said to be stated by the Siddha Purushas find mention in Charaka but I cannot say which is earlier. Much is not however said about Basmams in the Charaka Samhita for which we follow Rasaratna Samuchayam. According to Charaka the diseases have been divided into four kinds and treatment is prescribed for each. It is possible to make Saranai Manigal (solidification of mercury) as the process is mentioned in our Granthams but we have not done it We do not use Viram, Puram, Pashanam and other such; but to a very small extent we use poisons. It is said that cobra poison can be given in the last stage of diseases when it brings out all the bad things from the body and sometimes saves the patient. It is also said that before such a poison is administered the relatives of the patient must be told that he is going to be administered the poison as a last resort and that thereby the patient may have the last chance of surviving. We use metals for internal medicines. The preparations of metallic medicines are given in Charaka and in Rasaratnakaram but mostly in the latter. There are two kinds of metallic preparations, one is Rasayanams and the other Basmams. Gold, Silver and iron are the metals mostly used. We follow Ashtanga Hrithayam. In our school we do not use Saranga Samhita for teaching Nadis, but our book for Nadis is Nadichakram. In Charakam, Susrutam, and Vagbatam, importance is not attached to Nadi (pulse examination). Although Pandit Gopalacharlu might have written so much about the importance of Nadi Pariksha (pulse examination) according to the Siddha system, we go according to the Ashtanga Pariksha without attaching much importance to Nadi. I think that Suryakalanadi, Chandrakalanadi and Sushumnanadi belong to the school of yoga but not to ayurveda and I do not know whether we can apply it to pulse examination. Among the serious diseases I have cured are incipient leprosy and consumption. We use for medicines Mulika (vegetable) and Basmams (mineral) preparations. As for nervous diseases, fits, etc., it is said in our books that there are some Karmarogams which are curable or not according to the Janmanthra Phalam. If his Papam ends, then the disease is cured on administering medicines; otherwise the disease is not at all cured.

Questioned by Dr. Lakshmipathi, the witness said: There are nearly thirty or forty ayurvedic hospitals in the Mysore State. Even now there are ayurvedic practitioners in many villages, but they do not get any encouragement and they do not prosper. Generally the Mysore Government acts to the tune of the Madras Government. In Mysore allopathic doctors no doubt cure some diseases but they have gained good reputation in surgery. The Surgeon-General or the Senior Surgeon is the head of the ayurvedic hospitals also, though he does not know anything of ayurveda. All proposals connected with the ayurvedic system pass through him. If he understands our system of medicine, it will be much better; but up to now no good has come to us.

In reply to the Secretary, the witness said: Under the scheme of Medical scholarships awarded by the Government of Mysore, only two students who passed under me were selected for the allopathic course of study, one for the hospital assistant grade and another for M.B. & C.M. The Mysore Government have not given any scholarships to western practitioners to learn ayurveda so far. I am of opinion that such a system of scholarships (by which students of one system of medicine are given facilities to learn other system) would tend to revive ayurveda, provided that the men selected are suitable and intelligent. Nothing has been done so far by the Mysore Government in connection with the scheme for a full fledged ayurvedic college, though there was a scheme drawn up in 1919. If it is proved that the system of pulse examination is well developed by the Tamilian doctors (followers of Siddha system), I have no objection to its incorporation in our system. If there is merit in it I will be the first man to accept it.

M.R.Ry. M. V. Sastri.

The above witness appeared for the all-India Ayurveda Mahamandal. *Questioned by the Chairman* he deposed as follows :

I am connected with the Ayurvedic Medical College, Madras, as a member of the Standing Committee. I am not a teacher there.

There is no hospital attached to the college ; I have my own private dispensary, and I am a private practitioner. I undertake treatment of such diseases as come within the range of my practice. I can treat relapsing fever in the light of experience gained during my practice for the last ten years. I am not using any western medicines. No doubt the western system is also taught in the Madras Ayurvedic College but it is just to keep the confidence of the public. I do not undertake surgical cases because I am not licensed to do so. As regards the cost of indigenous medicines, I think that there are some medicines which are very cheap and others which are the dearest in the world. There are two kinds of medicinal preparations, minerals including gems, and vegetable preparations ; the latter are the cheapest and we can compete in any market. The mineral preparations are the dearest in the world. To ask whether mineral preparations or vegetable preparations are more useful is like asking whether the right eye or the left eye is more useful than the other. They are equally efficacious. The use of mineral or vegetable preparations depends on the nature of the patient's constitution and the nature of the disease. Some mineral preparations do not agree with some constitutions. Delicate constitutions always require vegetable preparations and mineral preparations will do harm to such patients. Ayurveda is a science which is progressive. In the time of Rishis they brought up the science according to their environment. In those times, only vegetable preparations were used ; after some time mineral preparations were invented and added to the system. No doubt we can cure any disease with vegetable preparations. But I cannot say that mineral preparations are more important than the vegetable or vice versa, nor can it be said that mineral preparations can be altogether supplanted by vegetable preparations. (The Chairman here referring to the witness's analogy of the right and left eyes in regard to the two sorts of medical preparations, asked whether in a contingency of one eye being lost the witness would not be prepared to make the best use of the other eye, to which the witness replied in the affirmative).

As for diseases which I have cured, I will be in a position to answer if any particular disease is mentioned. All diseases have been classified into four kinds and the curability or otherwise depends upon the class of disease. I may say, I have cured tubercular cases, diabetes, dysentery, piles and some typhoid cases. I have cured fistulæ in its preliminary stage by medicine alone.

As for medical registration, I am unable to say one way or the other ; it is like hot ghee in my mouth which I can neither swallow nor am I willing to spit it out. I think that there must be a separate committee to inquire into the question and public opinion ascertained thereon. I feel really many disabilities owing to the want of medical registration of indigenous practitioners. Many people come under our treatment, but our medical certificates are not accepted by the Government. Once a patient came under my treatment, but for the sake of the medical certificate he had to go to an English doctor. I cannot say definitely whether I am in favour of medical registration or not ; but I am partially but not wholly in its favour.

In reply to Mr. A. T. Palmer, the witness said :—Mineral preparations are of course efficacious but not *because* they are costly. Our system admits of research work. I have no religious scruples to undergo training in surgery. In the beginning the medicines were divided into three sorts, vegetable, mineral and animal preparations.

In answer to Mr. Natesa Sastrigal's questions, the witness said : The distinction between the Rasa Samprathaya and Oushadha Samprathaya is only in the shape or form. It is difficult to say whether the two Samprathayas were co-existent. Both are portions of ayurveda. When a tree is growing it cannot be denied that it is the same young plant which became the tree.

Questioned by Dr. Lakshmipathi, the witness said : I generally attend all the all-India Ayurvedic conferences. I attended the thirteenth session of the all-India Ayurvedic Conference at Rajahmundry. The Ayurveda Mahamandal has got very eminent men on its Standing Committee including many State physicians such as Lakshmi Ramaswami Acharya. There are western trained men also in it. The strength of the Mahamandal may be over one hundred and it is representative of all India. They have got a curriculum and a system of examination and the examining body is called the Ayurveda Vidya Peeta. People in general have got respect for those who pass those examinations. I have got here reports of All-India Ayurvedic conferences ; I know that the thirteenth session of the All India Ayurvedic Conference passed a resolution (No. 7) resolving that "Taking into consideration the policy of this Conference, this Conference considers it to be the duty of the Ayurveda Mahamandal and other ayurvedic institutions as well as of ayurvedic physicians to give replies to the questionnaire issued by the committees appointed by the different provincial Governments and to give evidence and work on committees if called upon, as the same would conduce to the better understanding of the principles of ayurveda.

and to its advancement." The above resolution was passed unanimously. I also know that the Andhra Ayurvedic Provincial Conference held at Kovvur and at Tenali passed a resolution that the ayurvedic physician should not help this committee but should non-co-operate. But yet the All-India Conference passed the resolution referred to above in view of the policy of that Conference. That Conference also consisted of some Andhras People will have more confidence in me if I use ayurvedic medicines, and they would lose confidence if I used allopathic medicines. That is only as far as I am concerned.

To Mr. Arumugam Pillai's questions, the witness answered as follows:—Nadi is not given any prominence in Charaka Samhita nor in Susruta Samhita. The Ayurvedic system has come down from Brahma Prajapati, Indra, Asvini Devathas and Baradwaja Rishi. I cannot say whether the Siddha system or the Ayurvedic system is the earlier one, though it is said that the Siddha system came down from Iswara and Nandi. What is mentioned in the Charaka about Nadi examination is more than sufficient. Nadi only enables us to find out the nature of the disease (Pramanathvam). That is not so important. We should examine both the disease (Rogam) and the patient (Rogi). I know that Pandit Gopalacharlu has written a separate treatise saying that it is not good to say that Nadi is not so important, that Nadi enables us to find out what causes in the past led to the disease and what course the disease will take in future, but we however consider that what is mentioned in Charaka about Nadi is just sufficient.

In answer to the Secretary, the witness said :—Every disease should be treated according to its stage. In the initial stage, the cause of the disease is found out and treated ; but in the advanced stages the treatment depends on the symptoms. We treat according to Hethu Avastha (causes), Purvarupa Avastha (prognosis), and Rupa Avastha (symptoms). Homeopathic doctors treat according to the symptoms. We also like allopathy treat similars by contraries. I am in favour of taking all the merits of other systems into our fold. Ayurveda is a vast ocean which also contains chromeopathy, hydropathy, homeopathy, *etc.* The principles of ayurvedic system include the principles of all the other systems. In the treatment of new diseases, I am guided by the two main principles of ayurveda for treating diseases, namely, Hethu Vicharana and Oushadha Vicharana. We treat a new disease according to its symptoms as they present themselves to us. It is also the Indian tradition to incorporate into the system new diseases from time to time. So ayurveda has been growing. If it is desired to draw up text books incorporating all the knowledge of other systems, it should be done not by translation but in the original language in which it has been written. The principles of surgery and the method of operations are contained in our text books, but they have gone out of use because of the influence of the foreigners who conquered use. Our dependence on them for everything is the cause of the disappearance of our systems. In our ayurvedic text books all the big operations are described, as also the instruments that were in use. If we establish an ayurvedic school, it would be possible to revive the old surgery. The principle of rhinoplastic operation was taken from the ayurvedic system by the allopathic system. In my opinion, surgery is an art but not a science. It is a question of practice, like tailoring. I agree that if we get the co-operation of a western doctor who is in sympathy with ayurvedic system and who knows the Sastra, we would be in a position to renovate ancient surgery.

Mr. G. Sigamani Pandithar.

The above witness, who appeared for the Hindu Vaidya Sangam of Tanjore, was next examined. *In reply to the Chairman*, he said :—I am the representative of Siddha system of medicine. I received my training from my guru. I was practising in Madras for some time, but I am now in Tanjore, where I am connected with a public dispensary, which is conducted by me. I do not know if there is any school where the Siddha system is taught. There are some public dispensaries which are looked after by my relatives. I treat all diseases. I do not use English medicines, nor quinine. I treat surgical cases by external applications. There are medicines which when applied to boils, ripen the boil and open it. I did not treat any case of fracture in my dispensary but in our system there are methods of its treatment. We do not treat eye diseases. Siddha medicines are by far cheaper than allopathic medicines; the cost generally comes to less than one anna per day. I cannot say whether Siddha medicines are cheaper than ayurvedic medicines. The peculiarity of our system is there is possibility of cure in a very short time and we claim to cure very rare and bad diseases. The treatises on Siddha system exist only in the Tamil language. I think that registration of medical practitioners is necessary.

Examined by Dr. Lakshmipathi, the witness said :—I know the treatises called Jivarakshamritham and Patharthaguna Chintamani. Nadi Vignyanam is a treatise of the Siddha system. I know that Mr. Maduraimuttu Mudaliyar teaches students those three subjects in the Madras Ayurvedic College. I know also that the above books are being taught in the Madras Ayurvedic College.

Examined by Mr. Arumugam Pillai, the witness said :—Padardhagunachintamani and Jivarakshamrutam are books connected with the Siddha system. I have not gone through any great works in Sanskrit, nor can I say whether any Sanskrit works exist regarding the Siddha system. I think Bhasmams and Sindhurams cure more quickly than Rasa, Gandha Pashanadis. Medicines prepared out of Mulikas do not last long and they are not effective after some time, but Bhasmams even hundred years old sometimes cure effectively. I have cured cases of

elephantiasis by external applications. If by touching the part a depression is formed, you can cure such cases without operation. I have also cured seven or eight cases of piles without operation. There are eight kinds of piles. I should like that there should be a separate college for the teaching of the Siddha system, apart from an ayurvedic college. There are some books on surgery in the Siddha system and I believe with a study of those books it is possible to practise surgery. Though there are medicines in the Siddha systems which act like the surgeon upon boils, etc , I think a knowledge of surgery will be better. I cannot say whether it is possible to collect all the books on surgery. Perhaps it might be possible to find out what books are available now. There is no objection to include western surgery in our system. We have got Rasadi Manigal, Rasachcharanaigal, etc. I have known the art of Nadi examination. Apart from the Nadi examination, it is necessary to learn the eight kinds of examination and find out the Doshas. In diagnosing the disease, however, according to the Siddha system, the pulse examination is considered to be more important in order to find out whether the disease is curable or whether the treatment will be a failure. In delirious condition, etc., pulsation plays a very important part and by pulse we can find out the condition of the patient. By looking to the Nadi we can also find out Meha rogams and diseases of the bone, and all the diseases of the various organs.

Mr. K. C. Subrahmanya Pillai.

The above witness who had been examined the previous day had his examination continued to day :—Plague is called Mahammari. I have treated a large number of cases of plague. Pollachi has often suffered from plague. From the year 1910, 63 cases of plague at Pollachi came under my treatment. Thousands of persons died in that place of plague. Of course inoculation has done immense good there. I myself got inoculated. The Collector invited me and some others to get inoculated and set an example to others; to create confidence, we got inoculated even three or four times. The people of the villages have now got confidence in inoculation as preventive of plague. Of those inoculated, only about ten or fifteen in a thousand have been attacked by plague. About 80 or 85 per cent of cases of plague treated by me were successful. I have prepared a kashayam called Mahammari panakam for plague just like Pandit Gopalacharlu's specific, Haimadi panakam. My medicine is prepared out of margosa bark of a tree 60 years old, distilled water, and trikatus (sukku, tippili and mulahai). The decoction of the bark and the other ingredients is added on to a syrup made from sugar. This medicine is for internal use. For external use I make a plaster for the bubo. If lard were available, I could prepare a plaster out of it with veerum. The dose is one ounce of the panakam every second hour. The syrup will sometimes ferment in the bottles and kick off the corks ; I do not do anything to stop fermentation because I had no necessity to do so, as the medicine was prepared in a hurry and used at once.

I treated cases of stone in the bladder, stricture due to urethral passage being blocked and stricture due to venereal diseases, which last disease is common in the Anamalais. Hundred cases out of the three hundred I attempted were successful. My prescription for stone in the bladder is Asmiri tailam. I am prepared to give out the recipes of all my preparations.

The Committee then adjourned for the day, to meet again at 12 noon the next day.

The Committee resumed its sitting at the Committee room of the Council Chamber, Fort St. George, at 12 *noon on Wednesday, the* 27*th September* 1922 *and the following members were present:—*

(1) Khan Bahadur Muhammad Usman Sahib Bahadur (Chairman).
(2) Dr. A. Lakshmipathi.
(3) Dr. M. Subrahmanya Ayyar.
(4) M.R.Ry. K. G. Natesa Sastri Avargal.
(5) „ C. T. Arumugam Pillai Avargal.
(6) Mr. A. T. Palmer.
(7) M.R.Ry. T. R. Ramachandra Ayyar Avargal (came in the afternoon).
(8) Dr. G. Srinivasamurti (Secretary).

The Committee proceeded to examine the following two witnesses who were recommended by the Tamil Sub-Committee and T.V. Sangam:—
(1) M.R.Ry. Swami Virudai Sivagnanayogigal Avargal.
(2) „ Shanmuganandaswamigal Avargal.

In answer to the questions by the Chairman, Swami Virudai Sivagnanayogigal said: I practise the system of Siddha vaidya. The revealer of this system is God Sivanar. His disciple is Nandikeswarar whose disciple again was Tirumular. There were 18 such Sidhas each of whom had in his turn a large number of disciples. The treatment according to this system could be divided into (1) Vaidyam (medicine), (2) Vatham (alchemy), (3) Jyotisham (astrology), (4) Mantram, (5) Yogam, and (6) Kalpam (i.e., elixir of life). Sivanar was the author of the first book on the subject containing one lakh of sutras and the commentaries thereto extend to over seven lakhs of sutras. Following on these lines the books edited by the disciples are legion in number. Of these we are now dealing with only Vaidyasastra.

The system of vaidyam is divided into different classes. First they discovered the herbs and the medical preparations and divided them into ten sections; viz., (1) herbal preparations, (2) salt preparations, (3) acid preparations, (4) Uparasams which are 112 in number, (5) Udarporul medicines, such as preparations from *punugu, kasturi, gorojana*, etc, which are found in some parts of animal tissues, (6) poison preparations (64 kinds), (7) metallic preparations, (8) *sathuvahai* or extracts which are of 120 kinds, (9) Rasams—mercurial preparations and pills with special potency, and (10) *Yoga abhyasam*—the practice of yoga, in which in addition to the effects of yoga towards salvation, there are to be found immense medical results and I rely for my information on *Thirumantram Ennayiram.*

In Ayurveda there is much of treatment by means of herbs and there is no connexion between the Ayurveda and the Siddha systems of medicine. In the books relating to the Siddha systems of medicine many more subjects are discussed than are to be found in the ayurveda books and therefore it should be concluded that the Siddha system is more ancient, and it appears to have been in vogue even before the Dravidians settled in India.

I practise the Siddha system of medicine, and I do not use English medicines. With regard to surgical cases, as for instance in the case of a boil, we are generally able to treat it with external applications so that pus may not be formed within and the swelling gradually disappears. Should, however, the boil give trouble, we have medicine in our system by the use of which we can bring about results equally, if not more, effective than when they are treated surgically, i.e., there are medicines in the Siddha system by the application of which the pus or any other foreign matter could be easily removed with less pain and trouble to the patient; and subsequently by the use of other medicines the opening could be quickly healed. The whole thing is dealt with in detail in *Ranavaidya Chintamani.* In cases like hernia, excellent treatment could be administered by directing the patient to bed and by closing the opening through the application of necessary medicines. By such applications the skin would be allowed to grow at that portion sufficiently to close the hole.

With regard to eye diseases, there again we have necessary medicines and without the necessity for the use of instruments, we could cure the worst cases successfully.

I have not come across cases of abdominal operations, but our system of medicine provides for the treatment of such cases by inhalation. The necessary medicines are collected and prepared and the patient required to inhale the smoke which will have the desired effect of curing the trouble in the abdomen. Medicines prepared on the lines of the Siddha system are by far cheaper than English medicines. For instance, the churnams and bhasmams, which come under poison preparations, do not cost us much; but they could be used in the treatment of different diseases by merely changing the anupanams. These medicines cure more speedily than mulika preparations. We have successfully treated such cases as were found incurable by means of English medicines, e.g., dyspepsia, rheumatism, gonorrhoea, syphilitic ulcers, etc. Ailments which are considered incurable under the English systems, such as leprosy, white leprosy, paralysis, etc., can be confidently undertaken to be treated by our medicines.

On the question of registration of indigenous medical practitioners, the witness was of opinion that as there were many illiterate persons among the Siddha vaidyans, the establishment of a college was of more immediate importance and that the registration of practitioners might as well be taken up afterwards. But if it were to be decided to have registration first, he (the witness) would confine it to practitioners of ten years' standing. There are no schools at present in the Madras Presidency to teach the Siddha system of medicine but there are many schools wherein the Ayurvedic system is taught.

In reply to Mr. C. T. Arumugam Pillai, the witness continued: There are one or two Ayurvedic schools in Madras, but we cannot establish such schools for want of funds. There is no harm in adopting other systems of medicine as far as they would be useful. I have no objection to try the principles of English surgery, but I do not want the English medicines. As between the two systems, Ayurvedic and Siddhaaic, I do not think there will be any appreciable difference in cost. In the matter of registration of practitioners, each one might be registered in the particular branch he has specialised himself in, at the same time being allowed to practise as a general medical practitioner for all diseases. There is nothing wrong in English doctors being in the board as members and that would only tend to the appreciation of our system by such English doctors. Appeals from the board might preferably be to the High Court than to the Government as there are facilities for better discussion in the High Court. If a school is established for the purpose, owing to lack of funds it may not be possible to collect all the books available on the subject, but as a beginning students might be learning from experienced English doctors. When the board comes to be constituted, they might bring all these books together and then the different courses of instruction might be specified and a curriculum adopted.

Examined by Mr. A. T. Palmer the witness deposed: The Siddha system of medicine has a divine origin and originates from Sivanar. In the treatment of certain cases pertaining to the stomach by the process of inhalation, the smoke that the patient will take in pervades all through the body and even where the smoke cannot penetrate, it will sufficiently be absorbed to give the necessary remedy. I am of opinion that there ought to be three distinct boards, one for the Ayurvedic system, a second for the Siddha system and a third for the Unani system, as they happen to be in different languages. As a sort of encouragement, there should be colleges established and the necessary text books prescribed and the persons who have undergone a successful training in these colleges should be encouraged with suitable appointments in the medical departments under the local and district boards.

Questioned by Mr. K. G. Natesa Sastri, the witness said: I am the Secretary of the Tamil Vaidya Sangham which has its head office at Koilpatti. Its president is Mr. R. Appaswami Nayudu, M.L.C., and it is established to encourage the Siddha system. I am also connected with the Dravida Ayurveda Sangham, and I was its vice-president during the time of Pandit Gopalacharlu. I think that I still continue to be vice-president there. The first conference of the Sabha was held in Tinnevelly in the year 1921. We have awarded titles to persons who have attained proficiency in Siddha system according to their merits,—titles such as Vaidyapathi, Vaidyabhupathi, Vaidya Asariyar. In Washermanpet we have established a free dispensary. Patients of whatever caste are treated there; and on the average there are about 50 patients who are treated daily without charge. I think for the Tamil Nadu, medicines prepared under the Siddha system are more suitable. It is not stated in Charaka and Susruta that the system, Siddha and Ayurveda existed together and I can confidently say that the Siddha system was the more ancient. In Charaka and Susruta only the names of Rasams appear.

To Dr. A. Lakshmipathi the witness deposed: This system of medicine has greatly to do with Siddhas like Nandi, Tirumular, Agastiyar, Therayar, Ramadevar, Dhanwantri and so on, who are 18 in number. None of them was born in the northern countries; but Ramadevar has made an extensive tour and has even gone to Mecca. He has written many books and while at Mecca he wrote a book in the Arabic language. In the same manner he might have also travelled in the Andhra Desa. (At this stage the witness was handed a book called Agasthiyar Karisal. After persuing the first two pages, the witness continued). It is mentioned here that the book was written after reading the following books: Vaidyartham, Vaidyaratnakaram; Rasachintamani, Rasachudamani, Rasapraharanam, etc. I have heard of Patanjali and he is a descendant of Nandi, one of our anicut Siddhas. He has written about Yogasastra. It might be that it deals with certain aspects Vedanta, but there is no reason to say that it is not part and parcelof Vaidyasatra. I think the author of this book cannot be the same person whom we recognise as the author of Grammar. At the head of a medical board I would prefer to have one that has specialised himself in the system.

To the Secretary, the witness explained: In Charaka and Susruta, vegetable drugs mostly, are mentioned, whereas in the Siddha system there are, in addition, mineral preparations. From this, I conclude that the Siddha system must be earlier. Asked whether just the opposite conclusion is not inferable from the fact stated, the witness answered "no"; being further asked whether, if the Siddha System was richer and fuller than Ayurveda and contained all that Ayurveda had, and something more, it should not be referred to a further stage and a later period in the evolution of medicine, witness replied he did not think so. Even before the

Aryans came here, the Siddha system was prevalent and the Ayurvedists are gradually developing their system by incorporating the methods of the Siddha system; and it is possible that in course of time they might become better experts.

In reply to Mr. Natesa Sastri the witness said: I cannot answer offhand whether the book Sampoorna Kaviyam was written by Agasthiyar or not.

The next witness examined was *Mr. K. S. Subramania Sastri.*

Examined by the Chairman the witness said: I am a teacher in the Madras Ayurvedic college and I am also allowed private practice. I have not used English medicines in my treatments. In cases of influenza the theory of Vatham, Pitham and Sleshmam will have to be applied and it is easily possible for us to treat these cases according to Thridosham. We have many books dealing with surgical cases. I have not done any surgical treatment. I think it will be useful to learn English surgery in accordance with Charaka Sastram. Ordinarily for the indigenous preparations a patient might have to pay from six pies to one anna for a day's treatment. I do not know about the cost of English medicines.

With regard to medical registration there should be a board consisting of the doctors of the different systems but entirely independent of the Government. There may be a different board, if necessary, for the Unani system of medicines. I have no objection to a joint board. I agree with the witness that deposed yesterday that a school might be established by the Government quite independent of the present medical department under the Surgeon-General. If the school or college should be under the Surgeon-General, I am of opinion that it will not be facilitating the progress of the Ayurvedic system.

Examined by Mr. A. T. Palmer, the witness said: There are many ancient standard books on the Ayurvedic system of medicines. Many subjects are dealt with there and they are all written in Sanskrit. Some portions of it are translated but I do not know if there are more than one translation for any portion. Till now to my knowledge there has not been any committee to test the veracity of the translations already made. During the time of Asoka and Chandragupta, the doctrine of Jeevakarunya was elaborately preached and that was the main reason why the art of surgery according to our sastras had to fade away as there were not many people coming forward to adopt the system, because of the philosophy taught under that doctrine. With regard to the powers of the board to be constituted, I have no objection to have a board provided it is not controlled by the Government. But I have no objection for the committee itself being appointed by the Government.

In reply to Dr. A. Lakshmipathi, the witness continued: My college is affiliated with the All-India Ayurveda Vidya Peetam and we follow its curriculum. We have text books in Sanskrit, Telugu and Tamil. Some of these text books are not merely translations, but they are original ones like Basavarajiyam and Chintamani. Even the books, the originals of which are in vernaculars are based upon Sanskrit text and in such vernacular books there are some additions derived from experience in the Telugu country. We teach in our college elementary science, chemistry, physics, anatomy, biology and physiology and the students know the use of the microscope. We teach surgery according to the Ayurveda sampradaya and also according to the Western method. In the College Journal there are 710 surgical operations recorded. For the cleaning of wounds before and after operation, we use kashayams, etc., prescribed in Susruta. I believe in the use of Tripala Choornam in healing wounds. Medicines prescribed in the British pharmacopæia are also taught. The students are also taught actually the system of intravenous injection. I do not think it necessary that the Western system of using it should be adopted. In Suchikabharanam there is mentioned a method by which medicine can be introduced into the circulation. This method is resorted to when the patient is unconscious and there are precautions for the use of these medicines. Pandit Gopalacharlu took a great deal of trouble in collecting the manuscript books on the subject. Even now we are collecting all books available. The practical work for the students in our college are taught in the Andhra Ayurvedic Factory which is a limited company with three lakhs of rupees for its capital. For the students and teachers there is no secrecy in the preparations of medicines. Students who cannot afford to pay for themselves are given some work and are paid a remuneration for such labour as they are doing in the factory. Most of the students get scholarships from Maharajas and they are taken up by various municipalities as is the case in Guntur, Rajahmundry and such other places. I have received good reports of the work done by these students. The dispensaries are very popular. Both the poor and the rich come here for treatment. I have got students for post-graduate studies. The college students are conducting a journal and they record their experience in that journal.

Questioned by Dr. M. Subramania Ayyar, the witness said: Though we do not adopt the English system of surgery, yet we teach it in our classes for the purpose of comparing and eliciting the merits of each system. Some of the students who come for post-graduate studies in our college pay their own expenses and some others get scholarships.

In answer to the Secretary, the witness continued: There are ten professors in our staff. Each professor takes one or two subjects. There is a separate teacher for clinical instruction. There is no in-patient hospital for learning clinical work at present, but during the time of the

Pandit there were some in-patients. For want of funds it was impossible to maintain them. There are no permanent endowments for the benefit of the college and if we have funds, we can provide for better clinical training and also keep a laboratory.

At this stage the Committee rose for lunch and re-assembled at 2-30 p.m.

The next witness examined was *Mr. K. Sesha Sastri of Sringeri.*

Replying to the Chairman the witness deposed: I am connected with the Ayurveda Vaidyasala in Mysore connected with the Sringeri Mutt. We have no plague in those places, but if there is an epidemic we can successfully handle the cases. Cases which according to the English system of medicine should require surgical treatment, can be cured by our medicinal preparations without any necessity for using the English medicines. The cost also is very cheap, say about six pies per head. I have got some students and I teach according to *tol* system. I teach in Sanskrit and also in Kannada. I do not know very much about the Medical Registration Act, but only those who have adequate knowledge should constitute such a board.

In answer to Dr. A. Lakshmipathi the witness said: I was the President of the Andhra Ayurvedic Conference held last year at Tenali. At that Conference a resolution was passed that the Ayurvedic physicians of the Andhra-desa should not co-operate with the Committee as they believed that the Committee will not be conducive to the interests of the Ayurvedic system; and they also thought that it was after all a bait to pass off some more time; also they had no confidence in the Government. However, in spite of that resolution, I have co-operated with this Committee for the reason that I thought I should answer the challenge that was put forward whether the Ayurvedic system was a scientific one or not.

To the Secretary, the witness replied: Trying to mix up Ayurvedic, Unani and allopathic systems is dangerous as their methods are different. I have no objection if things like surgery are taken up on the basis of indigenous systems. The books on Ayurvedic system are exhaustive in themselves and the new diseases are but modifications of the old ones. I have no objections to take any useful things from any other system for diseases which are not provided for in our systems.

Replying to Mr. A. T. Palmer, the witness said: If students in the Government medical colleges should be specially trained in Ayurvedic medicines there is always the apprehension that the Ayurvedic systems would be wrongly interpreted. It will take five years for primary training in Sanskrit and another ten years to study the science itself, including the practical course. I have not got any secret medicines, but in the combining of particular preparations each may use his ingenuity. Certain treatments are kept secret for the simple reason that if the prescription were to be given out, people might lose faith in the value of the remedy as it very often happens that the remedies by themselves are very simple. Hence it is that certain treatments are shrouded in mystery.

Replying to Mr. K. G. Natesa Sastri, the witness said: The morbid conditions of Doshas occur in case of fever as well as in cases of consumption but these two should be considered as separate diseases which should be diagonised according to the particular organ that is affected by the dosha. Such classifications may be made, but it is unnecessary that they should be considered as a new disease. I am of opinion that Bhavamisra erred in considering syphilis as a new disease.

The next witness examined was *Mr. M. Madhava Menon.* In reply to the Chairman, the witness said: I am connected with the Madras Ayurvedic college for the last twelve years. I can cure all diseases by adopting the Ayurvedic system and I do not have recourse to English medicines. Our system permits of research work. I do not practise surgery, but it is taught in our college and I consider that for practical training it is necessary to incorporate modern surgery in our books. With regard to the cost of the Ayurvedic medicines I consider that these medicines are by far cheaper. I can treat the following cases more successfully by adopting the Ayurvedic system than by English medicines, viz., paralysis, mental diseases (Apasmaram), skin diseases, etc. If the Government would encourage the system, there are teachers sufficient to undertake the work now. The medium of instruction in the Ayurvedic system should be Sanskrit. It is not possible to have anything like an appropriate translation for these Sanskrit text books if they are to be properly and usefully taught in the medical colleges. I am for having a separate board for the registration of Ayurvedic medical practitioners—a board consisting exclusively of indigenous medical practitioners without the control of the English Medical Council, because I am of opinion that the Surgeon-General is against our system and also because I feel that it may not be conducive to the progress of the indigenous system.

Replying to Mr. A. T. Palmer, the witness said: The Ayurvedic system allows of expansion and research work. I do not consider that making use of modern facilities for investigating into diseases and remedies will help in any measure to improve our system. It is not good to make the teaching of Ayurvedic system compulsory for students in the Government medical colleges as there are not capable men to give instructions properly. It is essential firstly that the students must have a good knowledge of Sanskrit. Though there are books in English I

do not consider that they are proper translations and it is impossible to have a correct translations. If that were possible, then it might be tried. I am a medical practitioner myself. I am not a specialist for any new diseases.

Questioned by *Mr. K. G. Natesa Sastri*, the witness said: The Ayurvedic system has a system of its own and it is a scientific system. It is based on Thridosha. We diagnose diseases according to symptoms and according to the different organs. The medicines also are based on tridosha. There is also the system of Panchakarma, otherwise called Sodhanakriya, by which diseases could be properly treated. Hethuviparitha and Vyadhiviparitha represent the treatment by contraries of the causes of diseases.

To Dr. A. Lakshmipathi, the witness said: I underwent a post-graduate study in the Ayurvedic college and I passed the highest examination in it. I am the resident medical officer of the Madras Ayurvedic college. I can statistically prove that Ayurvedic medicines are cheaper than English medicines. I teach the final year course in the college and I have found it difficult in practice to teach the students who did not know Sanskrit. I would recommend Sanskrit to be the medium of instruction in an ideal Ayurvedic college, and, as I have already said, if a proper translation were possible, vernacular rendering of the Sanskrit books on Ayurveda might be usefully attempted. I see no harm in Ayurveda system being made a compulsory subject for being taught in the medical colleges and believe that each system will benefit by the other. I also like the idea of sending final year students and graduates for comparative and post-graduate studies to the medical colleges where the Western system is taught.

In reply to Mr. C. T. Arumugam Pillai the witness said: In our colleges we use Bhasmas prepared in accordance with the instructions given in Rasarnavam and Rasapradipika. Ordinarily by the use of bhasmas and sindurams we are able to cure skin diseases, such as syphills, leprosy (mandalakushtam) in its middle stage. I have not tried it in its final stages, I have not tried the herbs in these cases, for I think it will take some more time.

Replying to the Secretary the witness said: I prefer that Ayurveda should have a college of its own rather than that it should be taught in western Medical colleges; for, the latter course will not promote Ayurveda, any more than the teaching of Sanskrit and vernacular in Arts Colleges has promoted Sanskrit or Vernacular scholarship. Moreover, the professors of Western Medicine are paid so highly that a poorly paid vaydian on the staff of Western Medical College will not command respect. I would therefore prefer to have a separate college for the teaching of the Ayurvedic system. I should think that the only way to encourage Ayurvedic system is by establishing on its own basis an Ayurvedic college, and if necessary Western training might be given there as an optional course. I have been long connected with the All-India Ayurvedic Vidya Pitam and I know the general curriculum and the text books. I do not consider that there are suitable text books in all the subjects. There should be a sort of committee to prepare and prescribe suitable text books. Some books might perhaps be re-written and classified under the different branches of medicine, such as medicine, surgery, etc. We should therefore first have a board for bringing the text books up-to-date, but as there are sufficient number of teachers already, the teaching might be immediately taken up without waiting for the board to select the necessary text books.

The last witness examined for the day was Pandit T. R. Ethirajulu Nayudu. In reply to the Chairman, the witness said:

I practise the Siddha system of medicine. I am able to cure, by means of oils, etc., diseases which, under the English system, need operation. Appendicitis, Carbuncles, which have been treated in the medical hospitals and in some cases even operated upon, but subsequently given up as hopeless, have been successfully treated by me and the patients are keeping excellent health now. It is my ardent desire to publish to the world that in this system there are medicines which can, with less risk and trouble to the patient, be successfully administered for treating even such serious cases as have been pronounced hopeless by eminent English doctors Presentation of medals and certificates were made to me at public meetings. Mr. T. Arumainatha Pillai presided over one such meeting and presented me with a medal for successfully treating a case of appendicitis. Sir P. Tyagaraya Chettiyar presided on another occasion. I have cured two cases of diabetic carbuncle in recognition of which at a public meeting assembled and presided over by Mr. C. P. Ramaswami Ayyar now Advocate-General, I was awarded a gold medal. I have also undertaken and successfully treated cases of leprosy. One such instance was in Mr V. K. Ramanuja Achariyar's house who granted me a certificate unasked. I have so far had 17 medals, a gold thoda and a diamond ring not to speak of the innumerable certificates granted to me, almost all of them given for my merit in having treated cases the cure of which many English doctors had attempted in vain; my testimonials would amply substantiate my statement.

I was trained in both the English and the Ayurvedic systems of treatment. I received my training in the Ayurvedic system under my master one Tiruvaiyar Srinivasa Pandithar of the Tanjore samasthanam. I have also received some training in the Western systems; but, I have not passed any examination. I do not use any English medicines, nor do I use quinine for malaria. Even surgical cases, as I have already mentioned, do not require the help of the

Western medicines. Even cases of syphilitic ulcers, considered incurable by Western doctors, have been treated under our system with success. As to the cost of our medicines, they are many times cheaper than the English medicines. I am quite sure about it.

Medical registration must of course be introduced and doctors who are capable of handling cases independently must be granted diplomas as is done in the case of the English system. They should also be empowered to give certificates just as English doctors are.

In answer to Mr. A. T. Palmer, the witness said: I possess cure for appendicitis and leprosy which I got from my master. They are not written in any books. My master was himself taught by a Yogi. There are several such cures which might be collected if only Government encourages us, and open dispensaries under the Ayurvedic system in all the districts. I have treated one or two cases of leprosy and I can give evidence of it. But they were not of a chronic nature. I have treated one such case in Mr. V. K. Ramanuja Achariyar's house, who is now the President of the District Board, Tanjore. I am not rich enough to pick up for treatment all cases of leprosy; but if cases are offered to me, I can then show my ability. Three students are already being trained by me and they are learning from me what I have myself learnt at the feet of my master. I should like that students trained in English medical colleges should also receive instructions in the Ayurvedic system, so that, if they are not able to treat cases with the help of the allopathic medicines, they can confidently have recourse to the Ayurvedic medicines. That is my experience. Each disease must be explained by a body of Eastern doctors. It is necessary to know the mysteries of Tridosha. I have not mastered the Ayurvedic system but I can handle cases confidently and successfully. What really matters is not a detailed knowledge of what is said in books, but a practical training in the treatment of cases. I do not know what the Sanskrit term Tridosha means. I have a good knowledge of *nadees* which is essential for an Ayurvedic medical practitioner; and I have gained medals and certificates for efficient treatment which is not possible without a proper diagnosis of the case by means of *nadees*. I am for teaching Ayurvedic system also in English medical colleges.

To Mr. T. B. Ramachandra Ayyar, the witness said: I know the treatments practically and I learned them from my teacher. A practical knowledge of medicine is more essential for successful treatment: but it would be better to know the Sastras as well.

Replying to Mr. C. T. Arumugham Pillai, the witness said: I know nadees and there is no use of treating diseases without knowing nadees. A knowledge of it is essential but such a knowledge cannot be obtained by merely studying the books. They must be learnt at the feet of a master. And that is why I should like it to come from Guru to Sishya (Guru Sishya Parampara).

In answer to *Mr. M. Subramania Ayyar*, the witness said that a full knowledge of the nadees could be gained by a student of average ability in one month.

The Committee then adjourned for the day at 4 p.m. to meet again to-morrow at 12 noon.

The Committee met at the Committee room of the Council Chamber, Fort St. George at 12 *noon on Thursday the* 28*th September* 1922 *and the following members were present*:—

(1) Khan Bahadur MUHAMMAD USMAN SAHIB Bahadur (Chairman).

(2) Dr. A. LAKSHMIPATHI.

(3) ,, M. SUBRAHMANYA AYYAR.

(4) M.R.Ry. K. G. NATESA SASTRIAR Avargal.

(5) ,, C. T. ARUMUGAM PILLAI Avargal.

(6) Mr. A. T. PALMER.

(7) Dr. G. SRINIVASAMURTI (Secretary).

Messrs. C. Maduraimuthu Mudaliyar, C. T. Muthayya Pillai, C. S. Murugesa Mudaliyar, V. Shanmugasundara Mudaliyar and Pandit S. S. Anandam appeared together on behalf of the South Indian Ayurveda Sangam.

In reply to the chairman, Mr. Murugesa Mudaliyar the witnesses deposed as follows: We are Siddha doctors. We received training at the hands of certain Tamil pandits. We are able to treat all diseases. Our system allows us to make researches into new diseases, proceeding on the three dosha basis. We have got certain functions for Vada, i.e., the nervous system, certain others for Pitha which represents the blood oxydisation and the tissue system, and certain others for the Sleshma representing the secretive system. We examine whether these three Dhathus are in equilibrium or whether they are disturbed. If the latter, we bring them into equilibrium and the disease is then overcome. We are absolutely certain of successfully treating any disease. We do not use any English medicines. We treat even surgical cases with external applications. But we are ready to assimilate western knowledge in the matter of surgery. For we have no hostility to knowledge as such. Similarly we have no objection to take in knowledge from the Ayurveda books. Our medicines as those prepared under the Ayurveda system are very much cheaper than those in any other system of medicine. Both the Siddha and the Ayurvedic systems are almost the same inasmuch as they proceed according to the nature of the constitution, according to the food taken and according to the habits. But there are some slight differences. Though the medicines are also almost the same yet there is some slight difference in the preparation. The majority of the Ayurvedic medicines are used by the Siddhas also. But the preparation of arsenics and some other metallic preparations are not dealt with in the Sanskrit texts of Ayurveda. The special diseases for which our system is famous are chyluria, diabetes, consumption, diseases of the nervous system, paralysis, diseases of the abdominal system, dyspepsia of chronic nature, syphilic diseases, leprosy and so on. There are many Siddha doctors in the Tamil districts. A knowledge of Tamil is quite sufficient for a study of the Siddha system and a knowledge in Sanskrit and English would only serve as adjuncts.

We desire the system of medical registration. But at the present stage we are not for it. When Government brings into existence institutions and provide for certificates and diploma and degrees for successful candidates and give the same privileges to the allopathic and the Siddha doctors, we are quite prepared to go in for medical registration. As for the medical board we want it to be separate consisting of members exclusively from the indigenous systems. The board may consist of an equal number or other proportion of men for the Ayurveda, Siddha and the Unani. We prefer appeals from the Board to the High Court and not to Government. When the Government brings into existence institutions on the indigenous systems of medicine these institutions in our opinion should be placed under an officer quite independent of the Surgeon-General, because the latter belongs to the allopathic system and will have a natural prejudice against our systems. On the other hand, if one independent of the Surgeon-General were to be appointed there would be immense possibility for the development of the indigenous systems and for researches as well. The Committee should also be an elected one of non-officials. The Government if necessary may nominate one-third or one-fourth of the members but we strongly wish that the majority should be non-officials elected by Ayurvedic, Siddha or Unani doctors. We cannot say whether the Siddha sytsem is older than Ayurveda for that is more or less a question of academic interest.

In reply to Mr. A. T. Palmer Mr. Maduraimuthu said: The classification of diseases in our system and the modern system is the same. We have a symptomology also in our system, quite clear and definite. For instance, the texts say that pneumonia is a lung disease and is a kind of janni which has been classified into 13 kinds. It is not considered as a separate disease but only as a subdivision of Sannipatha Jwara. Our books locate the disease in the lungs when they say that cough is a symptom of pneumonia. In consumption though there is fever we treat only for the disease. (The witness here read from the Jeevarakshamrithum the passage relating to Rakthashteelisaunipatham which he said was pneumonia.)

We can cure consumption in the first two stages. I have myself cured two cases. Whatever our sages have said incurable, the western system has also failed to cure. There are instances where we succeeded and the western system failed.

Mr. Murugesa Mudaliyar referred to an instance of consumption where the patient was pronounced to die in the course of a week by an expert allopathic doctor but who was cured by him.

Continuing Mr. Maduraimuthu said: The committee should be elected by the physicians of the indigenous systems and not nominated by the Government. Government officials should not find a place in the committee. But one or two nominated members may be put in. The allopathic doctors have got a prejudice against our systems, why we cannot say. We consider it a prejudice because of the bar that exists in the case of the people who have not been registered, such as Doctor Lakshmipathi.

Replying to Mr. Palmer, Mr. Murugesa Mudaliyar said: The Government ought to be the guardian of the indigenous systems. They have neglected them for long and given prominence to the allopathic system. The Government have therefore not shown any sympathy and we are afraid may continue to do so. Ninety per cent of our population are benefited by our indigenous systems.

The President here pointed out as follows: These are days of self-determination. If you determine that the Government should give up its prejudice and establish an independent department and institutions for the Ayurvedic, Unani and the Siddha systems of medicine, and that the medical registration board should be composed of elected members, all that will have to be considered. Prejudices are things of the past. Medicine is a Transferred subject and it is in the hands of your Minister. It is you that elect members of the Legislative Council and the Minister is an elected member of the Council. This is one of the blessings of the Reform scheme. So be hopeful.

Mr. Murugesa Mudaliyar continuing said: We handle about four or five hundred medicines. I can find a prepared medicine by sight, whether it is spurious or false.

Replying to Mr. Natesa Sastriar Mr. Maduraimuthu said: Western knowledge can be given in Tamil. Many books have been translated and materia medica can be learnt when translated. A separte college may be necessary for the Siddha system or even if in the same college separate staff would be necessary for the Siddah system as the text-books are separate from other systems. On the whole, State encouragement is necessary. The President of the Board should be a non-official.

Replying to Mr. Arumugam Mr. Murugesa Mudaliyar said: Special diseases like *Navattikachal*, *Ulamanthai*, *Antharavettai* and *Thazhuthazhai* can be treated in any system provided that the tri-Dosha theory is correctly understood. The medicines are of course peculiar to the peculiar diseases of each country; but whatever may be the nature of the disease if a drug cannot be had, a substitute drug with the same qualities can be had. Neervalam which according to some people originally came from Nepal can be used in any place. Allopathic doctors use quinine where we use Vembu and Purasu. In the case of a serpent bite where the pulse had stopped beating, some tests other than the examination of the pulse are prescribed. The pulse may be examined in some of the ten places where they could be felt. But if they could not be felt in all the places, other tests like the water test and beating at the buttocks are laid down. The tests can be applied even in the case of children.

Mr. Muthia Pillai said: The Sanskrit works and the Tamil works proceed on the same basis. Dhanvantari was followed even by Siddhars and Therayyar. In support of my statement I can point out to the passage of Therayyar where he bows to Dhanvantri and proceeds to say some things following the Sanskrit works. Urine test is dealt with in both the Siddha and the Ayurveda systems but not so exhaustively as in the Unani system. I have read and I am ready to explain in detail the test as laid down in the Unani system. Even in the case of pregnant women, there is a simple test to find out the pregnancy. We are asked to place a few leaves of Poonakanji in the urine of the woman and if black dots are formed we can conclude that there is Vatha. If on the other hand the black dots outnumber the red ones we can affirm that abortion would ensue. In my opinion a study of the Tamil Siddha system would take about four years though there would be no end to the study of knowledge of any kind. Regarding the urine test I can confidently assert that no system except the Unani deals with it in an exhaustive manner. I have got about 16 books to be published relating to the subject which I hope would be of immense benefit to the world. The Hakims know how to distinguish between male urine and female urine. It will be possible to find out whether a girl has attained puberty or not from the urine tested in the manner laid down both in the Siddha and the Unani systems, whereas in the Allopathic system a lady doctor will be necessary for purposes of examination. My father has published a book containing 74 sutrams out of 740 on the subject. He has dealt with only the Vatha, Pitha Jwara, Sannipatha. Terayyar has produced 12 works. Some stanzas in the Mahabharatha bear a medical interpretation. The five brothers are compared to five metals, iron representing Dharma, silver Sahadeva, Lead Bheema, copper Arjuna while Panchali represents sulphur. The symptoms of diabetes are clearly explained in our books

and the specific for the disease is a decoction of Neerkadambu, Aloes, dried ginger, pepper and thippili. We have tried this in several cases.

In reply to Mr. Subrahmanya Ayyar he said : We intend publishing the works, provided aid is given. Sixteen works are ready for publication.

Mr. S. S. Anandam said : The Tamil system of medicine is not confined to South India. It is prevalent in Ceylon, Penang, Singapore and Madagascar. In all these places the Siddha system is followed. The preparation of medicines at several places like Pondicherry, Cochin, Kumbakonam and Karaikal was stopped either by Government or by somebody. It will be a great benefit if the Government see that it is revived.

Vaidyaratna R. Bharatha Sastri and Vaidhya Bhupathi S. Krishna Rao appeared jointly for the Madras Ayurveda Sabha.

In reply to the President they said : We are practising in Madras. We are treating almost all diseases without any difficulty. We do not feel the need for consulting English doctors. We do not use English medicines. We do not treat surgical cases. One of us was a student of the Venkataramana dispensary while the other studied medicine under a Guru. Many English doctors themselves do not practise surgery and we do not think there is any necessity for us to learn it. Our medicines are very very cheap. We have many grievances against the system of medical registration. We are not able to register ourselves and our certificates are not always honoured. We hope the disadvantage would be overcome by the system of registration. But until Ayurvedic and Unani institutions are brought into existence, the system cannot work well. Ayurvedic doctors should have the supervision over medical registration. No restriction should be placed on the purchase of medicines.

In reply to Mr. Palmer the witnesses said : Our books are written it Sanskrit. There is no doubt on our part regarding the nomenclature of diseases or drugs. Some drugs have not yet been properly indentified. For people who understand the language there is no doubt or ambiguity. The maintenance of an Ayurveda college will cost about Rs. 3,000 a month for 100 students. The cost therefore would be Rs. 36,000 a year including classes on surgery. This excludes hospital expenses.

In reply to Mr. Nadesa Sastri the witnesses said : The Madras Ayurveda Sabha is an association of physicians. It has some 50 or 60 members. It was established in 1918, and Pandit Gopalacharlu was the President. Now Mr. Doraiswami Ayyangar is the Vice-President.

Replying to Mr. Subrahmanya Ayyar Mr Krishna Rao said : I deal with the Ayurveda Siddha vaidyam. I have read both the Siddha and the Ayurveda systems and know metallic preparation. I find no difference at all in the general principles in the two systems of treating diseases. The difference between the two schools lies in the language and in the method of preparations; in both vegetable preparations are used and in both lehyams and bhasmams are administered. But the preparation of medicines is in different ways in the two systems. Charaka has stated it in one way and Sushruta another.

Replying to Mr. Arumugam Pillai the witness said : I was given the title of "Vaidya Bhupathi" at the Tinnevelly conference. At times, rasa gandha pashana prove more efficacious than the lehya and thaila.

Replying to Dr. Lakshmipathi the witness said : (Mr. Bharatha Sastri) : I have been honoured by the Government with the title Vaidyaratna. But my certificates are not honoured by the Government, by the Government courts and offices.

In reply to the Secretary, the witness said : I was working for a long time in the Mylapore dispensary and I was connected with the Cannan Chettiyar's dispensary for seven years. We do not undertake surgical cases. We treat them with thailam, etc. While I was in the Venkataramana dispensary there was no surgical department. It will of course be useful if there is a surgical department, but it must be based on the principles of Ayurveda.

A. Z. Muhammad Latifuddin Sahib was then examined. *Replying to the Chairman*, he said : I have made a comparative study of the Unani and the Siddha systems. I practise in Trichinopoly. I administer both Unani and Siddha medicines. Those who like the treatment according to the Unani system are given the medicines prescribed in it. I have made a very little study of Ayurveda. I learnt the Unani system from my father who was a Hakim and also partly from Muhammad Hakim Sahib of Trivandrum. In Trivandrum I studied for six months in the Ayurvedic college. I was in Trivandrum some 20 years ago. There was a Siddha private school also there. Sanskrit works were translated into Malayalam. I know Malayalam and also a little of Arabic There are certain medicines in Unani which prove very effective and similarly in the Siddha system, there are certain metallic substances which act strongly. The Siddha system is a very old one. From time immemorial it has been practised in India even before the advent of Sanskrit. I prefer Siddha system to Ayurveda because the medicines prepared out of the metallic substances and the poisonous substances are more effective when properly administered. The vegetable substances prepared under the Ayurveda system are not sometimes so effective. Doctor Ajmal Khan has combined both these systems in his Hindustani Dawakhana. "Miseri" is the name of Egypt, and Unani for Greece. Miseri and Unani are two adjectives. Miseri people used poisonous and metallic substances. Miseri is more

Siddha Vydiam than Ayurvedic. I have gone through a book written by an American in which he says that some 12 or 13 thousand years ago, even before the Suez canal was dug the Arabs used to come to South India when they took this system from here, and cultivated it and called it the miseri system. The miseri system makes use of poisons on a large scale as the Siddha system. Even in the Ayurveda system some vegetables contain poison. I do not use any English medicines. I have cured cases of Malaria by Unani and Siddha medicines. In the Siddha system we have a preparation from margosa, nilavembu and alum, a bhasmam of alum with a decoction. A lavana dravakam is also administered. According to the Unani I prescribe Zaharmora with some other substances. Zahaŕmora stops vomitting and kills the malarial germs. I use it with chirayatha and a preparation of sulphur. Ayurveda is based upon the Tridosha system. I try to cure surgical cases by means of external applications as well as internal medicines. If there is anything inside the abdomen we use certain smokes. The indigenous medicines are very cheap. If I fail in my treatment under the Unani system I resort to the Siddha system. Medical knowledge excepting surgery is perfect in both the systems. For cases of relapsing fevers we have certain decoctions which effect a cure. As long as medical registration is left to the allopathic doctors we will be at a great disadvantage. The institutions for the encouragement of the indigenous systems of medicine should not be subject to the control of the Surgeon-General.

Questioned by Mr. Palmer the witness deposed: Enteric fever is described in our books It is called Isahali. In cases of enteric fever we test the urine and a symptom of the fever is that the tongue is affected. From the colour of the urine we infer the disease. Our books give the duration of the fever from 14 to 21 and sometimes 40 days even. Our books also speak of the relapse of such a fever, if the patient is allowed to take solid food. The modern physicians say that chlorine mixture will cure the patient but leave the final cure to nature. We have got on the other hand definite medicines prescribed. In Trichinopoly a child was suffering from such fever and the allopathic doctors left it as hopeless. I treated the case with Unani medicines and succeeded. Metallic preparations are injurious to the system if administered recklessly but if they are prepared properly and administered in the right way they are not harmful at all. We want the Government to help the Ayurveda system; for it is an indigenous system. Unani, Siddha and Ayurveda systems are suited to the climatic conditions and temperament of the people and hence the Government are bound to help and encourage them. I do not urge it entirely on the basis of patriotism. These systems cannot be taught in the Government Medical Colleges; a separate training is necessary. Surgery may be included in the course of training in the indigenous systems. Anyhow separate colleges are necessary for the indigenous systems. Medical science is progressing no doubt; and we are prepared to assimilate all knowledge from whatever source. But as far as my knowledge goes each system is self-contained.

In reply to Mr. Natesa Sastri the witness said: The Government can help the indigenous systems by starting schools and colleges, by asking the municipalities, the taluk, and the district boards to maintain such institutions and providing them with funds. The same college may afford instructions in the Siddha and the Unani systems separately. I have heard of the Dravida Vaidya Mandal. I was invited to the Conference held at Kaniyur where I had a resolution to move regarding the conferring of titles to Vaidyans. I sympathise with the three systems, since they are all indigenous. I am a member of Siddha Vaidya Sangam and also of the Ayurveda Sangam.

In reply to Mr. Subrahmanya Ayyar the witness said: It would be a great disadvantage if in the college teaching the western systems of medicine, the native systems are also taught and option be given to the pupils to choose their system. For, in course of time, I am afraid the allopathic system will become supremes. From time immemorial the Indigenous systems have been existing. The allopathic doctors will then borrow something from the indigenous systems and amalgamate them and compile a new pharmacoepia.

Questioned by Mr. Arumugam Pillai the witness continued: The pulse is treated in the Siddha and Unani systems rather more elaborately than in the Ayurvedic system. Nadees are spoken of in Sarangasamhita, but I do not know of it in detail.

Replying to Dr. Lakshmipathi the witness said: Patriotism and experience make me believe in the indigenous systems. I agree with the view that the more and more the British supremacy was established in India, the more and more was the decline of the indigenous systems. I believe also in the converse proposition that the greater the supremacy of Indians in the administration of their own affairs the greater will be the progress of the indigenous systems. The question is not merely a commercial one but affects life and death. We cannot thrust allopathic medicines on persons constitutionally unfitted to receive them. For the constitution the climatic conditions, the habits and food of the people of this country the indigenous systems are the best suited. I think that our native systems will not thrive even if they are taught as compulsory subjects in allopathic medical colleges. For the teaching in Allopathy will be given undue predominance.

Replying to Mr. Natesa Sastri witness said: I do not know whether the book on Neerkuri refers to any Sanskrit book

Replying to the Secretary witness said: I did not say that Hakim Ajmal Khan was of opinion that the Unani system is based upon the Siddha system. Medicines based upon the Miseri and the Siddha systems are prepared in his Dawahkhana. If Hakim Ajmal Khan had lived in South India, and had been enlightened in and made investigations into the question, I am sure he would come to the same conclusion.

At this stage the Committee rose for lunch.

The Committee met after lunch when they examined *Messrs. Venkatachala Sastriar, G. Subramania Sarma and Narayanaswami Ayyar.*—all of the Dravida Vydia Mandal.

Mr. Sarma, replying to the Chairman, said: We undertake the treatment of all medical cases. We do not employ any English medicines. Surgical cases do not come to us. We can treat even surgical cases with indigenous medicines. We have got a theoretical knowledge of surgery and we want the art only. We have no objection to the teaching of modern surgery. Mr. Narayanaswami Ayyar is practising in Shiyali while we two practise in Madras. Mr. Narayanaswamy Ayyar follows the Siddha system while we two follow the Ayurveda. Our medicines are very cheap compared with the others. It costs on an average for a patient from 7 pies to one anna and a half at the most. If the Government open a dispensary the cost will be very small. I have submitted a statement to the Trichinopoly municipality where the Chairman proposed to open an Ayurvedic Dispensary. I have given him almost all the information. At my suggestion he got a Resolution passed in the Council sanctioning Rs. 3,500 to start a trial dispensary. The dispensary is not yet opened. I studied medicine under my brother Mr. Natesa Sastrigal while Mr. Venkatachala Sastrigal studied in the Venkatarama Dispensary. Mr. Narayanaswami Ayyar studied medicine himself and was put in the way by some recluse.

Mr. Venkatachala Sastrigal said: Surgery is taught in the Venkataramana Dispensary. They are also giving practical training in minor surgery in the vernacular. Surgery was introduced after I left the institution. My view is that there should be Medical registration. But the registration should be by a board of indigenous practitioners. A separate board for each of the three systems may be formed or all the three systems may be represented in a single board. The board should be under the control of a man other than the Surgeon-General. If the board is under the control of the Surgeon-General he will influence it. A separate officer is necessary as the question of doling out contributions to the various institutions comes in.

Mr. Sarma said: I am dead against Medical registration, because it is pregnant with so many difficulties. Competent people will be kept aloof, as they won't like to come forward. I do not think any advantage is gained from the system except the honouring of the certificate given. I want the law to be as it was before the Registration Act was passed.

Replying to *Mr. Palmer* Mr. Venkatachalla Sastriar said: If the Government establish indigenous hospitals, the allopathic hospitals need not be closed. They may be working side by side. We are confident enough to tack any disease irrespective of the existence of an Allopathis hospital.

Mr. Sarma replying to Mr. Palmer said: The students of the different systems should be trained in separate Colleges. If we introduce indigenous systems along with the Allopathic systems they will have little time to study either. From the economic point of view it may perhaps be convenient for the Government to introduce indigenous systems along with the others. But I am afraid it will not help a thorough study of the indigenous systems. The indigenous colleges will be efficient as the allopathic institutions if sufficient grants are given; more money should of course be got for us by the M.L. Cs.

Replying to Mr. Natesa Sastriar, Mr. Narayanaswami Ayyar said: I really believe that the Siddha system is based on science. The old school of medicine was based upon a cosmic principle. It was believed that man conformed to the cosmos and got his origin from the magnum limbus. The same kind of theory is dealt with in the Vedas, and in the Tamil works. I will call the present Siddha system as a duplicate of the old system. For, it was the old mythical system which drifted into alchemy. The Siddha theory is that man is an immortal being and inasmuch as he is born he should be living. That was what they have been doing. That has been forgotten by us. Only the pick of the nation has got that knowledge even now. Under that system, the role of medicine was treated thus:—The whole creation has been divided into 212 details. Things have been classified into Bhasma, Churna and Sindhura. As an additional thing vegetables have been used. This theory is to be found in the Vedas. In the Upanishads these have been treated well. At a later stage in South India in the absence of that knowledge they have taken salt as the basis and created a modern school and called it the Siddha school. The criterion according to this school is that anything can be taken under the Satru mitra or Nadabindu class, dry and wet. In the absence of that knowledge of the mystics and the knowledge of the salt, they have taken the vegetable world as the chief constituent of medicines and have added minerals as adjuncts to it

Replying to Mr. Subramania Ayyar Mr. Sarma said: When there is an attack of a disease, before going to any neighbouring doctor, I will of course consult whether he is learned in the subject, and when such consultation is not possible, I will give him a trial

Replying to Dr. Lakshmipathi the witness said: According to my system details of which I have given in my written answer it would cost Rs. 4,000 a year to run an Ayurvedic dispensary. Of this amount taking away Rs. 160 for instruments and Rs. 108 for furniture

and Rs. 120 for miscellaneous charges, which are non-recurring charges the recurring charges will be about Rs, 3,600 a year. I think that this is far cheaper than the Allopathic hospitals which are being maintained. If I am to further reduce the estimates I can only reduce the salaries of the physicians. Everybody cannot be expected to work honorary, because he has got to live. But if people are well placed in life they can work for an honorarium, if they are so inclined. So in some cases where we can expect honorary workers the expenditure of Rs. 3,600 need not be incurred But as it is, only poor people come to study Ayurveda and most of them cannot afford to be honorary. My estimates were based on figures. I have worked out for the benefit of the chairman of the Trichinopoly municipality. The District Medical and Sanitary Officer of the division was asked to submit a proposal for the establishment of a dispensary and his estimate amounted to Rs. 18,000. This is what I heard from Mr. Rathnavelu Thevar. I told the chairman that I can run a dispensary between 3 and 4 thousands. He asked me to prepare an estimate and I submitted the scheme. Compared to the estimate of the District Medical and Sanitary Officer, mine is very cheap. For the municipality of Trichinopoly an expenditure of Rs. 3,800 may not be much, But there are places where the amount may be considered high. In such places the natives of the place who are well versed in Ayurveda and who are inclined to work for an honorarium may be offered honoraria to minimise the expenditure. A grant-in-aid may also be given by the Government to cover the cost of the medicines. When the president of a taluk board asked me to submit a modest scheme I gave one going up to Rs. 500. But if we are to run a dispensary with Rs. 40 a month, it would be impossible to maintain a peon, a doctor, a compounder, not to speak of the house-rent. As an alternative I suggested that the local man could be subsidised and asked to run a dispensary which would lessen the expenditure.

Replying to the Secretary, the witness said: It is a fact that the Siddha system has developed the system of pulse examination to a special degree, as also the preparation of minerals. It would of course be to the interest of practitioners all over the world to get some of these points from the Siddha system and incorporate them in their system whatever it may be. I agree to the incorporation of these things of Siddha system into the Ayurveda system.

At this stage, *Mr. Narayanaswami Ayyar* said that he attempted to solve that question in the Bose Institute but was not permitted to do so.

Continuing, *Mr. Sarma* said: I have absolutely no objection to incorporate the foreign systems if they do not clash with ours. Both the systems say that the ultimate particles are built up by the Panchabhuthas. They agree in saying that man is jeeva plus mind plus body. They agree also in regard to the Tridoshas. In symptomology also they agree. In the matter of treatment each has specialised in its own way. So there are more similarities than differences. It is of course true that unless the doctors of allopathy know the Ayurvedic physiology and pathology and know the action of the drugs in terms of Doshas and Dhathus, it would be dangerous on their part to have recourse to Ayurvedic medicines. That comes to the question of chemical reaction in the body itself. It depends entirely upon the constitution of the man and the diet. It may not be dangerous provided the doctors know the mode of preparation and if their diagnosis is correct. The diagnosis is the same as for the modern and the indigenous systems. Treatment in Ayurveda has reference to diagnosis, prognosis and pathology. For example, where the allopathic doctors treat a disease as an affection of the lungs or the thermogenetic centre, we speak of the disturbance or excess of Vatha or Pitha and so on. It will be dangerous if a doctor of allopathy thinking in terms of circulatory or other allopathic pathology uses the Ayurvedic medicines. Such a danger will not arise in the case of the Siddha and the Ayurveda systems, for they agree on the basis from which they proceed. Hence we can safely say that as between the two systems Siddha and the Ayurveda, the resemblances are more than the points of difference.

Mr. Narayana Ayyangar of Madura was the next witness examined. *In reply to the Chairman* he said: I come from Madura. I practise in Siddha and Ayurvedic systems. I learnt Ayurveda in Umacharan Bhattacharaya's college at Benares. I learnt Siddha from my Guru. Both proceed on the Tridosha theory. There is practically no difference between the two systems. The antiquity of Ayurveda can be traced with sufficient accuracy. The treatment in indigenous systems has reference to three things, viz., the Minerals, Rasas and Uparasas, and Nadis. There are 27 Rasa siddhas. Of them Ravana, King of Ceylon, is spoken of as the Pravarthaka of the Nadi sastra, and Charaka and Sushrutha, of Moolikais. Some each of these has amplified a particular branch. Both branches lived side by side. I have tried English medicines; for example, I have been using quinine purely for purpose of experiment for cases of malaria. I give usually Papudal and Kadugurohini in such cases. As for surgery operation is only one of the 63 methods spoken of. We know to use certain Ksharas and avoid operation. Impossible cases are of course left to English doctors. I have studied surgery. I practised minor surgery. I use the knife in cases of small boils. Our medicines are very cheap. For several diseases the cost of medicine for seven days would come to a pice. We can specially cure leprosy, rheumatism, dyspepsia, enlargement of spleen, enlargement of liver and other cases. Paralysis is very successfully treated by Ayurveda. Medical registration is very objectionable. We do not want it in the first place. Medical colleges should be opened, examinations held, and certificates given before medical registration could be brought into effect. At present it is not necessary. All the present physicians cannot be included in the register. But if all people

can be included, the objection can be got over. The board should consist of indigenous practitioners. If indigenous institutions are brought into existence they should be under an officer quite independent of the Surgeon-General. I know the opinions of many of the Surgeons-General on the indigenous systems of medicine.

Questioned by Mr. Palmer, the witness said: I have cured rabies. We do not kill the dog in such cases. We have cured 25 per cent of the cases. I was myself bitten and I was cured. I had fallen senseless and had fits when my father treated me and I have still impressions of the dog's teeth. Leprosy is spoken of in our texts. It is of several kinds. In advanced cases, in cases where English doctors feel helpless we cure two cases out of ten. We attribute the failure of the medicine to apathya. It is so even in the case of English doctors who also prescribe the diet of the patient.

In reply to Mr. Natesa Sastrigal the witness said: Ayurvedic system treats fully well, with mercury and arsenic. Arsenic and others are prepared by the Ayurveda physicians. English system is no doubt insufficient. For instance, in the case of plague, they declare a war on rats and not only men but also the rats are in danger. As for special merits of Ayurveda, the ordinary fevers, which last at the most for ten days, and which, according to the English doctors go on for even forty days are cured in very much shorter time. In several cases the English doctors merely do experiments. Though diseases are protracted, a recovery is effected earlier by the medicine. Ice bags are described even in Ayurveda. It is well described for external application. The English doctors say that a steam bath will be good for everything. We know where such a treatment will be efficacious. Cold treatment should never be resorted to in the case of Sannipatha Jvara. But it is effective in the case of Ushna Adhika Jvara. Muppu is not mentioned in Sanskrit book. Muppu is necessary only for Vatha. Since the Tamil system comprises all the divisions in the science of medicine, its books make mention of Muppu. I know Pandit Gopalacharlu's opinion on the Siddha system. His endeavour was to bring Tamil physicians into the Dravida Mandal. Therefore he spoke high of the Siddha system. He wanted to associate both the schools and wanted to get Tamil physicians certified from the Vidya Peetha. Syphilis, though it is not mentioned in Charaka and Sushrutha, is mentioned in the later work, Bhavaprakasa, where it is spoken of as Pheringirogam. The Vispota Kushta referred to in the Charaka is in my opinion corresponding to Syphilis. Since the disease originated in the country of Pheringees it derived that name.

Replying to Mr. Subramania Ayyar the witness said: I know typhoid fever. An English doctor has translated it to mean Sannipatham. It is in fact called Santhatha Jvara. It will last for 7, 12, or 25 days. But with proper treatment it may be cured in ten days.

Replying to Mr. Arumugam Pillai the witness said: There are 18 Tamil Siddhars and there are 27 Sanskrit Siddhars distinct from them. The Agastya system is complete. The Tamil Siddha Parampara comes from Eswara. Excepting the difference in the names of the Siddhars in the two schools I do not find any difference between the Sanskrit and the Tamil schools. In the Sanskrit books only the names of the Rasapashanas and a little of their application are spoken of. Their preparation is not dealt with. Deevodasan was an incarnation of Dhanvantari, and Dhanvantari it was that came down as the King of Kasi. Charaka is an incarnation of Patanjali. The Sanskrit Ayurveda Parampara goes back to Brahma while the Samskrita Siddha Parampara is a Saivite one. Though alchemy was studied in the days of the Charaka, it was not dealt with in the book as it related to a different branch of medicine. Charaka is older than 60,000 years. I have seen practically that there is no difference between the Sanskrit Siddha and Tamil Siddha systems.

Questioned by Dr. Lakshmipathi the witness said;—I rely for my statement that the Charaka is 60,000 years old on the inference of the German astronomer Gerger who referring to the Bheshajasamhita and proceeding upon the data in the Brihatsamhita relating to Uttarayana and Dhakshinayana arrived at that conclusion. In the Bhavaprakasa the disease called Syphilis is said to have derived its name "Pheringeeroga" from the fact of the contact of our men with the Pheringee women.

At this stage the Committee rose to meet the next day.

The Committee re-assembled at 1-30 *p.m. on Friday the 29th September* 1922 *at the Committee room of the Council Chambers, Fort St. George and the following members were present:—*

(1) Khan Bahadur MUHAMMAD USMAN SAHIB Bahadur (Chairman).
(2) Mr. A. T. PALMER.
(3) M.R.Ry. T. R. RAMACHANDRA AYYAR Avargal.
(4) Dr. A. LAKSHMIPATHI.
(5) „ M. SUBRAHMANYA AYYAR Avargal.
(6) M.R.Ry. K. G. NATESA SASTRI Avargal.
(7) „ C. T. ARUMUGAM PILLAI Avargal.
(8) Dr. SRINIVASAMURTI (Secretary).

Mr. V. Ponnuswami Pillai K. M. Hall, Kumbakonam, deposed as follows:—

Replying to the Chairman: I practise the Siddha system of medicine. I have studied the Ayurveda system and practise that system also. There are only slight differences between the two. There is no difference regarding Tridosha. Both the systems are based on the same principles. I treat almost all the cases that come up to me. I know something of English medicine also. Sometimes I use them also. I was for sometime in private dispensaries and learnt them. I do not find much necessity to use them. I use medicines like the carbonate mixture. I do not use quinine. I treat malaria by indigenous decoctions and *churnams*. For surgical cases I use internal medicines and external applications. I did not learn medicine in any school; but I belong to a hereditary family of physicians. Indigenous medicines are much cheaper than English medicines. I have given in my note my opinion on registration of indigenous practitioners. I can answer the question better if you will kindly explain to me what is meant by Medical registration.

Replying to Mr. C. T. Arumugam Mudaliyar; Tamil schools are absolutely essential if the Tamil system is to be improved. Medical registration is necessary.

Rao Bahadur A. Krishnaswami Ayyar Avargal for the Venkataramana College and Dispensary deposed as follows.

Replying to the Chairman: I appear on behalf of the Venkatramana College and Dispensary, Mylapore. I am no medical practitioner myself but I take much interest in the Ayurvedic system of medicine. I have a fair knowledge of the theory and practice as it obtains in the dispensary. There is no difficulty in the treatment of any of the cases that are brought to the dispensary. There is a record of the cases treated there; there are some important records which are worthy of note; I am sorry I have not brought them here; I shall gladly send them. All classes of people without any distinction are treated in the dispensary. Adi-Dravidas, Muhammadans and even Eurasians resort to the hospital. No English medicine is used in the dispensary except quinine in one preparation—*pratapalingeswaran*—and that too in a small quantity. It is prescribed if the ayurvedic medicine does not yield quick results. As for surgery, no case of surgery comes up to the dispensary except minor surgical cases. We teach minor surgery in so far as it is developed in *Sushrutam*. Physiology and anatomy are taught in the college by Dr. Rajam Ayyar. Modern minor surgical treatment is also taught to the students by the same gentleman. The indigenous medicines are certainly cheaper. I have worked out the cost per patient at two to three rupees every month. My own opinion is that in some chronic cases the ayurvedic medicines are more effectual than allopathic medicines.

Asked if he had any direct knowledge of cases classed as surgical by allopaths and recommended treatment by surgical measures, cured in his hospital by medical means, witness stated he had direct knowledge of a case of piles where a patient afraid of undergoing an operation came to the hospital, was given *Kankayapxtanam* and was cured.

Physiology and anatomy are taught in Tamil. Students are taught other subjects in Sanskrit and Tamil. As for Medical registration of indigenous practitioners, it is a general question. It is a very desirable thing but I fear it is impracticable at the present time. I have no objection to the course adopted in England when medical registration was first introduced there, viz., that of registering every one practising at the time and after that of insisting on particular qualifications for registration of new practitioners.

As for the constitution of the board for the registration of indigenous practitioners, I do not see why other practitioners also should not be included if they are sympathetic people. People like Dr. Lakshmipathi and Dr. Srinivasamurti will not do any harm to the indigenous practitioners. I think the expansion of the present board by the inclusion of indigenous practitioners will be better than the constitution of an entirely new body. I have no objection to have an entirely new body, but I think one board for both will lead to more co-operation between the two. There is a sort of prejudice of the one against the other and it must disappear.

As regards the Head of Indigenous Medical Department, it is a delicate question. It is doubtful whether we can expect sympathy from an allopathic doctor.

To begin with, let us have the departments separate ; afterwards we can decide which is better. In the beginning, try separate department with impartial and competent people as heads Instead of one, have a board of two or three to be in charge of the department. I prefer to have a board of two or three instead of one man in charge of the indigenous department.

Asked why he wishes a board to preside over this department when such is not the case anywhere, the witness replied : By all means, have a man in charge of the department ; but let there be a board attached to the head. I should like to have a check against the idiosyncrasies of one man.

Replying to Mr. A. T. Palmer : The whole indigenous system has fallen into the background and surgery with the rest. I cannot say exactly why it has fallen into the background. In some villages there are barber practitioners who do minor operations.

Asked whether it was not a fact that many quacks practise indigenous systems and bring discredit on them, the witness stated : We cannot answer the question. Each calls the other a quack.

Even those who have not received satisfactory instruction succeed in treating a number of cases which could not be successfully treated by regularly trained men. I think medical registration will be useful, but I fear, as I observed before, it will be impracticable at present. It will be possible to employ improved methods in the preparation of medicines. There are many *dravakams* which we prepare with the help of retorts. No doubt, all the physicians do not follow exactly the same methods in the preparation of the various medicines. Each physician follows the method prescribed in the book he follows. Some of the physicians do purify certain drugs a hundred times if it is so laid down in the books, and others do not. It may be difficult ; time, trouble and money may be required ; yet all the medicines are capable of being prepared. I cannot say whether there are medicines referred to in books but which have not yet been prepared. My dispensary does not prepare all the medicines referred to in books.

Replying to Dr. M. Subrahmanya Ayyar : It will be advantageous to the public and to the students if the students of the Medical College are asked to undergo a course in Ayurveda. After leaving the college, he can use either Ayurvedic or Allopathic system as he chooses.

Replying to Mr. A. T. Palmer : If the students know Sanskrit and are taught Ayurveda in the Government Medical College, I do not think why there should be any objection ; only sufficient time should be allotted in the school. Three years' study after a medical student graduates—or two years if he knows Sanskrit—will be enough for the study of Ayurveda. It will be difficult to frame a curriculum suitable to both the Allopathic and Ayurvedic systems to be taught simultaneously.

Asked by Dr. Subrahmanya Ayyar if both could not be combined, the witness stated: If you have the time and the method ready, do it.

Replying to Mr. C. T. Arumugam Pillai : Asked if there were no medicines in Ayurvedic system which will be as efficacious as quinine and why they should go in for it in his hospital, the witness stated : There are so many fancies. You use one medicine for a few days ; if there is no speedy cure, you want to change the medicine. Generally the Ayurvedic medicine is first used. If either the doctor or the patient is impatient, the medicine is changed and that which has some quinine in it is administered. Whether we are to have separate school for Ayurvedic and Unani systems of medicines all depends on the time and money at our disposal. If it would be possible for a Muhammadan student to learn Sanskrit together with Urdu and Persian, he can certainly study Ayurvedic system ; if a Hindu student is able to read Urdu and Persian in addition to Sanskrit, he can certainly study Unani system also. I believe it will not be possible for them to do so. Therefore, I am of opinion that there should be separate schools for teaching Unani and Ayurvedic systems. It is better if Siddha system is taught to those who learn Ayurvedic System.

Asked whether we are to translate Tamil books into Sanskrit or Sanskrit works into Tamil, the witness stated : It is better that those who know Siddha system learn Sanskrit and then study Ayurveda. Of course, it will be good if there are separate schools for teaching Siddha System. We are troubled for money even for one school ; how are we going to have different schools for Siddha and Ayurveda system ?

Replying to Mr. T. R. Ramachandra Ayyar :—There will be no trouble to teach Siddha Ayurveda to our students as they know both Sanskrit and Tamil. The basic principles of the two systems of Siddha Ayurveda and Ayurveda proper are the same ; I do not understand the difference between the two. They proceed on *pitta*, *vata* and *sleshma*. The only difference is as regards the recipes. There are some *lehyams* used by both the systems. There are some leaves like *musumusikkai* which are known to the Tamil system and which are not known to the Sanskrit system ; there are others known to the Ayurveda system and unknown to the Siddha system. Siddha system deals specially with preparations of metals. We have in Sanskrit *Rasaratna samuchchayya*. In using the prescriptions of the Ayurvedic books, there would not be any danger as they are mainly vegetable preparations. There would not be any trouble in using the *kashayams* and *churnams*. My recommendation is that *Ashtangahridaya* prescriptions should always be used. Siddha medicines should be prescribed by physicians of approved ability and who have derived a knowledge of the right method of preparations from father to son. It must

be done only by people of real ability. Really skilled physicians alone can deal with metallic preparations. It is certainly a great advantage for a physician to know both Siddha Ayurveda and Ayurveda proper. There is no real conflict between the two.

The first step to encourage Ayurveda is the establishment of an Ayurvedic College; the second is the establishment of an Ayurvedic hospital and three or four dispensaries to start with.

It is quite essential that the Government should take steps towards having botanical gardens for growing herbs. It will be desirable to have as many institutions as possible all over the Presidency where Ayurveda will be taught. There should be an examination by the University on the result of which diplomas should be issued as to the English medical doctors. We can revive the surgery of the Ayurveda.

Replying to Mr. C. T. Arumugam Pillai.—I cannot say whether the leaves found in the Sanskrit books are not all to be found in some Siddha books or other. Generally speaking, however, we may say that some which are found in the one are not to be found in the other. I have not studied the whole of the Siddha Sastra; human life is not sufficient to read everything.

Replying to Dr. A. Lakshmipathi:—I have not had any applications to my College till now from students knowing Tamil only and not Sanskrit. Asked whether, if he had a dozen applications to-morrow, he was prepared to admit them, the witness stated: If you supply me with translations I can teach them. But whether the teaching will be efficient or not will be another question. My own opinion is it will not be. So, I will not admit students who do not know Sanskrit nor do I admit students who know only Telugu. I want a fairly good knowledge of Sanskrit in the students of the College. According to the present curriculum, it will be impossible for a student who knows either Tamil only or Telugu only to study in my school. My recommendation is Sanskrit knowing intermediate or B.A. students should be encouraged to undergo the course in the College. I propose to give two scholarships of hundred rupees each to study in my College for two years and work in my hospital for another two years. If you want hundred men for the benefit of the country, you must give me Rs. 10,000. No doubt, it will be difficult to get men of the required standard both in Sanskrit and the vernacular and also general University course. If the undergraduates or graduates know only vernacular and they come to the College, their knowledge will be only partial and it will not be satisfactory. If, however, you give me a large amount of money to arrange for special teaching, I may be able to arrange for good training.

Replying to the Secretary:—I am an old-standing graduate of the Madras University. I took my degree in the year 1879 with Sanskrit and Physiology as my optionals. I was long connected with the Police Department and familiar with the mode of approaching and investigating a variety of problems that came before me; I hope I am also familiar with the trend of both eastern and western scientific thought.

It is my opinion that the Ayurvedic system is founded on good scientific basis. I say this from the light of both the western and eastern training I have had. Ayurveda starts with the idea of Purusha and Prakriti. In my opinion, a knowledge of Evolution according to the ancient Indian scientists is very essential for a student of medicine. Our Ayurvedic students start with instructions on the theory of Evolution as propounded in our Shastras.

Instructions in the theory of Anus and the genesis of elements, of the evolution of microcosm and macrocosm, are necessary for students of Ayurveda. An elementary knowledge of Nyaya and Viseshika schools of philosophy is as essential to the student of Ayurveda as a knowledge of Physics and Chemistry, to the students of western medicine. The bases of the Thridosha physiology is dealt with in the Sankhaya; in addition to body, Ayurvedic physiology recognizes the mind and the Atma as constituting man. The study of mind (psychology) is as necessary as study of body. Psychology is dealt with in Yoga Sastra. To know the physiology of both body and mind, a knowledge of both Sankhya and Yoga would be essential for the student of Ayurveda.

It is not possible to give any satisfactory knowledge of Ayurveda by making it an adjunct to the present curriculum of four or five years of western medicine. I do not think it is possible.

To revive the Ayurvedic system, I would secure an intermediate or B.A. student knowing Sanskrit and give instructions in an Ayurveda College for three years, and then put him through a two years' special curriculum in a western Medical College and afterwards train him in an Ayurvedic hospital for two years. Thus it will be seven years, including the practical course before he comes out for practice. Surgery and midwifery must be taught during the two years of training in western Medical College. Asked whether that would be enough to secure efficacy, the witness stated: I said a special curriculam was necessary. As regards surgical operations, there are lots of people who have undergone the medical course, but very few of them take up surgical operations. It is only minor surgery that is practised. A man may be a good physician without being a surgeon.

To give the benefit of Ayurveda to the western practitioners, I would recommend that a body like our University should institute a sort of post-graduate course where all western and foreign practitioners could attend the lectures delivered by real research professors in Ayurveda. It will be useful to them in addition to the knowledge they have got.

Ayurveda goes beyond the tissue elements that both it and western medicine recognize, to the Thri-dhatus, *vata, pittha* and *kapha*. They cannot be seen by our eyes but can only be inferred. It would be in the best interests of science if you combine both Eastern and Western Physiology. I could not say whether a system of Medical Registration was in existence in ancient times. A good deal of the knowledge of the Nadis is contained in the Tantra Sastras and Agama Sastras. It would be for the benefit of the world if that is incorporated in the modern physiology and psychology. It should be the duty of our University to get into touch with the professors well versed in all those things.

Replying to Dr. Subramanya Ayyar: It is true that, in particular cases, a physician was required to notify the authorities before he started practice.

Replying to the Secretary: There are advantages and disadvantages in both the American system of complete prohibition of unregistered practice and the British plan of partial registration and giving certain privileges to the registered practitioners only.

Replying to the Chairman: My first recommendation, in order to revive Ayurveda, is that it should be taken up by people who have passed through an Arts College. If a student does not know Sanskrit, then give him two years' teaching in general Sanskrit literature and then put him for two years in the medical college.

I do not think it is possible to teach all the three systems—Ayurveda, Siddha and Unani in the same college. If a Muhammadan student wants to learn Ayurveda, he will have to know Sanskrit. My contention is that a knowledge of Sanskrit is essential to learn Ayurveda. To begin with, they must *first* get training in the Ayurveda College, and then only should they go to the Medical College. My impression is that English medical graduates are saturated with western notions. The most desirable thing is to have a separate college for Ayurveda, and also separate hospitals.

Replying to Mr. Palmer. In the ideal college that I am thinking of, there must be provision for giving training in allopathic system also to Ayurvedic students, and vice-versa. If this is done, fewer mistakes will be committed than is being done at present.

Replying to the Chairman: As much time should be devoted to the teaching of Ayurveda as to the teaching of allopathy.

Replying to Mr. Palmer: For an allopathic doctor to employ indigenous medicines, without jeopardising human lives, it is necessary for him to learn how it is used in indigenous systems and the diseases and the stages of disease it is used in.

The Committee rose for lunch at 3 p.m.

The Committee re-assembled after lunch at 3-15 p.m.

Mr. K. Sesha Ayyar was called and deposed as follows.

Replying to the Chairman: I am not connected with any public hospital. I am a private practitioner. I have got a pharmacy of my own.

My impression is that in the ancient world India held the same position as England holds in the modern world to-day. That is, she was the centre of all that was highest in culture and civilization. We have got traces of evidence both from the Persian and Arabic books and from ancient travellers to say that many of the Sanskrit works were translated first into Persian and Arabic and then into Greek and that formed the basis not only of the Unani medical science but also of the allopathic system of treatment.

The Sastras which treat about mercury and kindred mineral substances are called Rasa Tantrams, and the persons proficient in them are called Rasa Siddhas. Rasa Siddha was a term applied only to those people who handled mercury and kindred substances to the exclusion of all vegetable drugs. So, that branch of science was isolated from the main therapeutic branch.

Replying to Mr. T. R. Ramachandra Ayyar: Rasa Hridaya Tantra and Rasa Sara are the books which treat about mercury and kindred substances. I can quote chapter and verse in support of my statement. My view is that the Siddha system is only a development of the Ayurvedic system, and that it takes its origin from the Ayurvedic system.

I have not read Siddha books. From what I heard from Siddha practitioners, I find that there is not much difference between it and Ayurveda. Moreover, the pathology and nomenclature of diseases in the two systems are identical. In my dispensary, I undertake the treatment of all medical cases without exception.

I have treated cases of plague, cholera and other epidemics by using indigenous medicines alone.

These indigenous medicines are generally cheaper than allopathic medicines but in cases of certain preparations which involve costly things like gold, musk, etc., the cost may be nearly the same as allopathic medicines.

I studied medicine under a private gentleman.

There is no such thing as registration in Bangalore.

I think, however, it is absolutely necessary to have registration, but with some provisos. I think the experienced among the existing practitioners should be included in the list. Medical science being pre-eminently a practical science, it is necessary that their experience and direct knowledge of things should be taken into consideration while framing the Medical Registration Bill.

In the Medical Registration Board, there should be not only practitioners of indigenous systems but also some local gentlemen, not necessarily practitioners, but men of influence.

I think a separate board is necessary..

I would prefer an independent department manned by efficient men to manage indigenous institutions side by side with the allopathic institutions.

Replying to Mr. Palmer: I received my training under a private practitioner of reputation and experience. I first received instructions in a primary book in Ayurveda, the Sarangadara Samhita. Afterwards by my knowledge of Sanskrit and English I improved my medical knowledge.

I studied first and then I underwent a course of practical training with him. I was a disciple, so to say, under that gentleman for a number of years. I have had about two years' practising under him. After that I studied many medical books and even now I am studying; there is no end to it.

Asked whether indigenous doctors are as cheap as indigenous medicines, the witness stated: It all depends on the practitioner; my experience is that indigenous doctors are generally cheaper. In many cases they go unrewarded or ill-rewarded.

I do not think they charge for consultation. It all depends on the idiosyncrasies of individual men.

There may be a hundred allopathic doctors in my place and the indigenous doctors may be half that number: I have not made the counting. As to the following that they have, it all depends on their popularity. Sometimes people who have resorted to eminent allopathic doctors, if they do not receive benefit at their hands, go to us, and vice versa. So far as my experience is concerned, I may say that people resort to allopathic doctors because there are not competent indigenous practitioners in the field. Speaking for myself, I have got a good clientele.

Replying to Mr. Natesa Sastri: I have studied Ashtangahridya. I studied it myself after my training.

The first thing in treatment is to apply Panchakarmas as it becomes necessary and to set right the disharmony.

The Panchakarmas are Swedana (bringing out perspiratinn), Snehana (lubricating), Vamana (using emetics), Virochana (giving purgatives), and Vastikarma (applying enema).

I practise all as the exigencies of the cases require. I practise them according to the rules laid down in the Sastras.

As to the success of my treatment, I can say, without any pretension, that 90 per cent of cases have proved successful.

Replying to Mr. Arumugam Pillai: I have taken certain medicines from Unani Vaidyam in my practice, e.g., Rumi Mastaki, Unnabhi and other things.

I have not read the book in the Siddha system which deals with Muppu.

Muppu is some important agent with the aid of which the baser metals can be converted into higher metals. There are about 18 samskarams for Rasam and if these 18 samskarams are made, then Rasam will stand the test of fire. These things are to be found in Rasa Sastram. It is treated as Rajapathi Vidya and Hemapathi Vidya. It is not peculiar to Siddha system alone. There is a book called Rasaprakasasuddhakara which treats of it. As regards "magic," I am referring to Tantra Sastra which has got magic and alchemy as its portions. A magic means hypnotism or personal magnetism in modern parlance. It is employed to oust the evil influences that a victim is subject to. It is very elaborately discussed in the Atharva Veda. It is not a new thing. It was very common in ancient India.

Indigenous treatment is decidedly cheaper than allopathic.

Ayurvedic doctors do use mercury and kindred metals. The books which are generally used in regard to this knowledge are Resendra Sara Sangraham and Yoga Ratnakaram. They are also treated in the Sarangathara Samhita. I follow these in my practice. I have very good results.

If the Siddha system is one as recorded in Rasa Tantram, I do admit that they will be beneficial. I have not read any of the Tamil Siddha works.

By the Secretary: If it is known that in the ancient Tamil Siddha works, there is locked up a good deal of a useful knowledge of Iatro-chemistry, there will not be any objection to any scientific man incorporating it into his own system of medicine.

If it is a fact that there is such valuable knowledge of Iatro-chemistry in the ancient Tamil Siddha works, then I agree that translating them into English would be of immense value to distinguished researchers like Dr. Ray and through them, to the scientific world generally. No sane man would ever object to any precious knowledge contained in the Siddha system to be incorporated into the scientific system of any country.

For an Allopathic doctor to safely use indigenous drug—especially certain powerful ones, it will be necessary he should know the action of drugs in terms of Ayurveda. It is rather dangerous for a western-trained doctor to make use of a Dravya without any knowledge of its Rasa, Veerya and Vipaka. In the case of ordinary remedies, perhaps, it may be safe; but if a medicine is at all powerful, it might do harm. Without a knowledge of the doshas, the Allopathic doctor may be at sea, when he takes to the use of our remedies. It is not possible for an Allopathic doctor to treat cases of Gulma, for instance, with our remedies, without knowing its Pathology, etc., according to our Shastras; he will have to be termed a quak if he uses a drug without knowing its effects. Whether in Allopathy or any other system, the use of drugs without knowing its effects will be quackery. For instance, what Grihani is you cannot describe in English. It will be dangerous to meddle with drugs without knowing their effects.

Replying to Mr. Palmer: Asked about his general method of examination and treatment of his the cases, witness stated :—

I will closely observe the symptoms, look to his vitality (Ayus), feel his pulse, examine his urine and do all those things. I will then arrive at a certain conclusion that he is suffering from a certain disease. It may be that the Allopathic doctors also may come to the same conclusion as we do. It may be that what we call by one name, they may call the same by any other name. Still he may be landed in difficulties if he uses our remedies without a knowledge of our Shastras regarding diet, anupanams, and many other things like these. We administer only such medicines as are conducive to the temperament and vitality of the patient, and as the Allopathic man is not conversant with the indigenous system of treatment he may be landed in difficulties. I am of course, speaking with reference to Thridosha theory. I do not deny that Allopathic doctors can understand the Doshas if they try; but they must first try and learn the thing.

My opinion is that for the use of our medicines, the Allopathic doctor must follow our course of treatment and must be conversant with the theories of the Ayurvedic system. It may be very dangerous for an Allopathic doctor to meddle with our medicines. For instance, you take Neyrvalam; it is given for purging; for suppressing purging you have to administer an antidote. There are so many methods described in our Sastras. If the Allopathic practitioner is not conversant with those methods, he will be landed in difficulty. To the extent he is conversant with them, to that extent he may make use of our remedies, without danger to his patients.

By the Secretary: If an Allopathic doctor undertakes treatment without a proper knowledge of the 14 categories like Dosha, Dushya, Bala, Prakriti, etc., then, he will be in the same position as an Ayurvedic doctor indulging in western method of treatment merely because he has learned from some person how to put the needle under the skin or into a vien. I will call him a quack.

By Doctor Lakshmipathi.—Asked whether a qualified Allopathic doctor may not safely use Ayurvedic medicines if full instructions are given with the medicine, the witness stated :—

For that matter, any intelligent layman can use like that. Why should there be a doctor?

Asked further whether it is not more easy for a qualified Allopathic doctor to use them than for laymen, witness stated :—

Yes, if Veerya and Vipaka is understood, but then, he will himself be something of an Ayurvedic doctor.

The witness then retired.

Mr. R. M. K. Veluswami Pillai was then called and examined, when he deposed thus:

Replying to the Chairman: I appear as representative of the Tamil Sangam, Koilpatti. I practice in Washermenpet. I am treating all medical cases. I follow the Siddha system of medicine. I do not use any English medicine. As for Surgery, we have got some preparations which we apply externally. There are very few who know such things. My opinion is that the English system must be combined with the Tamil system. I know nothing about medical registration.

Replying to Mr. Palmer: Between powdered ginger and decoction of ginger, the decoction is more easily assimilable. The active principle of ginger acts better than powdered Choornam.

Replying to Mr. Arumugam Pillai: I can prepare all Siddha medicines. I can prepare Guru or Muppu. I have done that and other things. I know the receipe for Rasa gulikai. I can solidify rasam, gandam and pashanam without any smoke in the process. I have treated leprosy, syphilis, consumption and other cases given up as hopeless. I treat the abscess inside

the body by means of salt and dravagams. I treat abscesses according to the temperament of the body. It is only those foolish people who do not know anything about it that fail. It is only on account of those quacks that Tamil medicine has suffered in reputation. If there is a school for teaching such things it will be beneficial. The examination of Nadees is necessary. Without them you cannot diagnose diseases.

Replying to Dr. Lakshmipathi: I know that green ginger and dry ginger may produce different results. So also, the properties of extractions may vary in different preparations.

Replying to Dr. Subrahmanya Ayyar: There are very many ways of solidifying mercury. Of course, there are many pretenders, I am deeply sorry for them.

I solidify mercury by means of Muppu. Only those who know how to treat the metals can understand the properties of Muppu.

Mercury can be solidified by means of herbs only; but it is a difficult course. If only one wears the Rasa gulikai he can even defy death. It is not only a panacea but it is also a charm. The virtues of this gulikai are numberless. For example if you put it by the trunk of the cocoanut tree, the tree will not yield toddy. If you place it on the back of a cow, it will not give milk, and so on and so forth.

I know how to prepare Rasamani. I have also advertised it in the '*Swadesamitran*'

I can produce the Rasamani in a month.

These things about Rasamani are no exaggeration. Though they are not as stated in the books, still Rasamani has got its own value.

Mr. N. Veeraraghavaperumal was next called: He stated in his evidence that he had cured many fleshy growths in the mouth, ear and nose, without any surgical operation. He added that he was in entire agreement with the views offered by the previous witness

The witness then retired.

Mr. Shanmugananaaswami: Who also appeared as a witness withdrew on his being asked to offer his special views in the form of a written statement to which he agreed.

Mr. Krishna Rao who had given his evidence, was recalled and examined when he deposed thus:

Replying to Dr. Subramanya Ayyar: I adopt the Siddha system more than Ayurveda. There are many things said about Muppu, but there are very few who understand its preparation. I doubt whether there is even one who can prepare it. Muppu as its name implies is three salts combined together. But the Shastras say it is one thing. Just as Parabrahmam is diversified into Brahma, Vishnu and Siva, so also is Muppu. But opinions differ. If Muppu can be made, then you can solidify Mercury. My opinion is no one is now known capable of preparing Muppu.

Rasabhasmam is done by many people in many ways. If mercury can be solidified then it is talisman. But no one can do it properly. Only one of the 18 Siddhars can do it, that is my firm belief. Panchakarma is in practice but there are very few Tamil books that treat about it.

Jeevarakshamritam is a book which treats about the nature of diseases. It is a combination of both the Tamil and Sanskrit murais. Mr. Subramania Pandithar is its author. My opinion is that Agastiar the founder of medicine is the same sage that is mentioned in Ramayana.

Replying to Mr. Arumugham Pillai: I think that nadi is important in Siddha Vaidya. But without Ashtanga Pariksha it cannot be of any use. Nadi examination is difficult by itself. It will be useful only if we know all the other things.

Replying to Dr. Lakshmipathi: On the subject of treatment, we have two divisions called Swasthavriththa and Athuravriththa. In Swasthavriththa we have got rules laid down regarding diet, exercise, cleanliness of body and mind, exercise and other things. Some of these are treated with special importance and we call them Vrathams. We have every principle of hygiene embedded in our Shastras. It is because of the proper observance those rules by the higher classes that they are generally less liable to attacks from infectious of diseases.

Replying to the Secretary: Drugs act according to their Rasa, Virya, Vipaka, and Dravya. Dravya refers to the physical and chemical properties including the active ingredient in the drug. It is the resultant of the five elements (Panchabhutas). But the elements do not exist in the same proportion in the various substances. Agni may predominate in one, ap in another and so on and so forth.

By virtue of its rasam and active principle, kadukkai is calculated to produce constipation; but in virtue of its prabhavam, it will purge.

The Vipaka of a drug may be different, according as it is given as an extract by hypodermic injection or through the mouth Some drugs, if they are to act satisfactorily, will have to be given only through the mouth and some in other ways.

If we extract merely what you call the active principle of a drug, that may be of no use for our propose; its Veeryam may not be there.. Moreover, the action of the active principle, and the whole drug may be different.

Replying to Mr. Palmer: All medicines including Muppu can be prepared, but no one doctor is skilful enough to prepare all the medicines. Muppu is not at all classified as medicine. It is only a catalytic agent.

Replying to Mr. Natesa Sastri's question: "Can you impress modern machinery into the service of Ayurveda for the preparation of choornams." The witness stated:—My fear is that much harm may result, by impressing modern machinery for preparing Choornams, Lahyams, etc.; for, in the preparation of the medicines, there is a time-limit to be observed and a particular kind of fuel has to be used for heating it, the nature of the receptacle also is specified in some cases; and unless we conform to all these things we cannot prepare anything like effective medicines. Different kinds of heating processes are mentioned in the books, such as Komalagni, Kalagni, etc. Again, if we use a glass retort for receptacle and heat the drugs either with a spirit lamp or by means of electricity, we would be going against the methods prescribed in the Shastras and we cannot be sure of our results; on the contrary it may be productive of great harm.

Replying to Mr. T. R. Ramachandra Ayyar: I know instances where Allopathic doctors having learnt the Ayurvedic system, have proved to be very successful practitioners; the late Dr. Nanjunda Rao is one instance. He used Ayurvedic medicines to a large extent in his practice. I myself assisted him in the preparation of some of the Ayurvedic medicines.

Replying to the Chairman: I practice both Ayurveda and Siddha; but, the Siddha system forms the major portion in my practice. I studied the Siddha system under a Yogi.

When I came to Madras, seven or eight years ago I began the study of Ayurvedic system with the help of Mr. Natesa Sastri (one of the Committee members).

There is no hostility between the two systems, and they are both based on the same principle.

Dr. Nanjunda Rao was using indigenous medicines fairly extensively. I have not studied the Unani system.

Replying to Mr. Arumugham Pillai: I agree that the curative powers of the Senthooram of mercury, sulphur, etc., will be greater if they are prepared according to the elaborate processes mentioned in Siddha books than if they are prepared by the comparatively easy methods followed by the ordinary practitioner.

The Committee adjourned at 5 p.m. to meet again next day at 12 noon.

The Committee re-assembled at the Committee room at 12 *noon on* 30*th September* 1922 *when the following members were present:—*

(1) Khan Bahadur Muhammad Usman Sahib Bahadur (Chairman).
(2) M.R.Ry. Rao Bahadur A. S. Krishna Rao Pantulu Garu.
(3) Dr. A. Lakshmipathi.
(4) ,, M. Subramaniya Ayyar.
(5) M.R.Ry. K. G. Natesa Sastriyar Avargal.
(6) ,, C. T. Arumugham Pillai Avargal.
(7) Mr. A. T. Palmer.
(8) Dr. G. Srinivasamurti.

Mr. S. R. V. Das was called and examined. He deposed as follows:—I come from Vellore. I practise Ayurveda system. I undertake the treatment of all kinds of diseases. I studied this science by myself and not under any doctor for twenty years. I also use English medicines such as potas iodide, colchicum, etc. For Malaria, I do not use quinine, because it causes deafness. I know the Thridosha theory. We are helpless in the matter of Surgery. It is a very difficult subject. It requires a knowledge of Physiology and Anatomy. If there is anybody to teach us we will learn it. At present we treat *buboes*. We have got some medicines which, if applied externally will heal *buboes*, etc. But they will take some time to heal. In my experience if you want speedy recovery in such cases you must have recourse to Surgery. I have been practising medicine for the last fifteen years. I have been fairly successful. The cost of medicines of our system is only one-fifth of the cost of English medicines.

I am for medical registration of indigenous practitioners.

Questioned by Mr. Palmer the witness stated: Without a knowledge of Thridoshas I cannot practise. It will take four or five years to master our system. I cannot say how many books I have studied. Whenever a book is published on the subject we read it. There is nothing like a standard book in medicine. I have not specialized in any disease. In the English system also, there are good doctors. I was here yesterday. If you take *kadukka* in large quantities it will produce purging and vomitting.

Replying to Mr. Krishna Rao, the witness stated: I cannot refer to any particular standard book in medicine that I have studied. But I can mention the following books which I have read:—

Sarangadhara Samhita.	Husband's practice of medicine.
Ashtanga Hridaya.	Moore's family medicine.

The English books have nothing to do with the Ayurvedic medicines. I read them only to make a comparative study and to find out some useful things. There are several books which are kept secret. They are written on palmyra leaves. For a proper dissemination of knowledge it is necessary that these should be published. There must be medical registration, but you must not prevent any one from practising medicine. All the people now practising should, as a rule, be registered, and certain qualifications may be fixed for future practitioners.

M.R.Ry. Pandit M. Duraiswami Ayyangar was the next witness examined by the Committee. In reply to the Chairman the witness deposed as follows: I am practising in Madras. I am an Ayurvedic physician. I am senior physician in charge of the Kannikaparameswari Ayurvedic Dispensary. I was connected with the Madras Ayurvedic College five or six years back. I treat all kinds of curable disesase in my dispensary, I mean Sathwarogas. If a new disease appears, there is a principle in Ayurveda known as Thridosha theory according to which we begin our treatment. Whether that disease already exists or not, we are not concerned with it. All classes of people come to our dispensary for treatment. Referring to a statement relating to the working of Chengalva Nayakar's Dispensary, Vepery, connected with the Pachiappa's Charities, the witness stated: It is an Ayurvedic Dispensary managed by two qualified Ayurvedic doctors. Both of them were trained under me. All classes of people Hindus, Muhammadans, Europeans, come there. (Here, the witness read out from the statement the attendance of patients during the month of July 1921 and February 1922). He continued: The cost of treatment per head comes to not more than nine pies, including staff. Ayurvedic treatment is cheaper than any other kind of treatment. Christians, Eurasians and Europeans have no objection to undergo our treatment. They come to us because they think that our treatment is efficacious. We do not use English medicines in our dispensary. We do not use quinine. We do minor surgery in our dispensary. I learnt minor Surgery in my student days from Dr. Venugopal Nayudu. I studied Physiology and Anatomy too. As an Ayurvedic student I did not feel any difficulty in mastering the subject. Piles and fistula and such other cases are treated by us by means of medicines in our hospitals, although they are generally treated by surgery by other systems. Sanskrit was the medium of instruction in my

student days except for physiology and anatomy which were taught in Telugu or Tamil. It is possible to teach the other subjects also in Tamil and Telugu. In the study of anatomy and physiology, it would be useful to an Ayurvedic doctor to have a knowledge of English.

I am for medical registration For the time being, all the medical practitioners should be registered and in future only diploma-holders should be registered. The registration board should consist exclusively of indigenous practitioners. It should not be under the Surgeon-General. For, the Government cannot at present have an Ayurvedic man as the Surgeon-General. It is impossible for the present Surgeon-General to control our institutions. He will not take sufficient interest in them. I think he will starve these institutions.

To Mr. Palmer, the witness replied: There are many diseases which are curable under ordinary conditions and there are some which become incurable after a certain stage, such as Sannipathajwaram, Vishuchi, Kushtam, Consumption, and so on. If the Ayurvedic system is taught well, we can safely bid good-bye to the Allopathic system. I prepare my own medicines exactly as prescribed in books. I lay great stress on *pathyam*. This code of *pathyam* is, in some cases, extremely difficult to follow. *Apathyam* sometimes results in serious consequences.

Questioned by Mr. Krishna Rao, the witness replied: It is necessary that some qualification should be prescribed for medical registration; but at present, the well-known indigenous practitioners cannot be restricted, because they are doing immense good to the country. On account of their usefulness to the country and their knowledge of medicines, the well-known practitioners should not be restricted. The Board should subject them to an examination or it will also do if they are able to get certificates from respectable men. People in the vicinity of my dispensary as well as from distant places come to my dispensary for treatment. If the number of dispensaries is increased, the number of patients attending allopathic dispensaries will be reduced. In my dispensary there are three doctors and the establishment charges come to Rs. 250 a month. There are two compounders and three menial servants. A pound of Sudarsana Churnam costs here Re. 1 or 1–4–0. If you are to get the same from foreign countries it will cost Rs. 4. The standard work on surgery is Susrutha Samhita. It is not translated into vernaculars of this Presidency. There are several valuable books on medicine which are not printed and published. For a proper dissemination of knowledge in medicine these have to be published. There are still several books written on palmyra leaves.

Asked by Mr. Natesa Sastriyar the witness deposed as follows: Certain diseases become incurable only after a certain stage. They are not incurable by their very nature. There will be no trouble by getting certificates from respectable people. They can be got either from Collectors or Tahsildars or any other respectable men. There is no such system as Siddha system. It is a new name.

To Mr. Arumugam Pillai the witness said: My Acharya is Pandit Gopalacharlu. I remember that he has said something about Siddah Vydya. (Here the member Mr. Arumugham Pillai read an extract from a book in Tamil). The witness agreed that he had said something about Siddha Vydiam in a book of the 13th century Sarangadhara Samhita published by him. In Agasthya Vaidyam, something is said about Nadijnanam.

Replying to Dr. Lakshmipathi, the witness stated: All medical practitioners should not be registered. In registering the practitioners, care has to be taken to see whether they have sufficient knowledge of Ayurveda or not. It would be useful if there is one physician at least in each village. All practitioners who are now practising follow both the systems. A doctor must be both a philosopher and a physician so that he might treat both the mind and the body. I know that paracheries have some physicians of their own. It is necessary that the Ayurvedic practitioners should have some knowledge of Ayurveda, otherwise a body of medical practitioners which contains in its fold all classes of men without any knowledge of the Sastras will be created which will not command the respect of the public or medical practitioners of other systems. I don't think I could usefully serve on a Board consisting of men who have not got sufficient knowledge to treat diseases. I would not recommend that this kind of men should be registered, the danger being that respectable practitioners would not come forward to register themselves. I think that great care should be taken from the commencement in the selection of Ayurvedic practitioners When there are two medical registers kept in the country, the Ayurvedic practitioners can consult the Allopathic practitioners and *vice versa*. I am not afraid of any injustice being done in medical registration. I am unable to answer the question as to whether in case of injustice an appeal should lie to the High Court or to the Revenue authorities.

In reply to the Secretary the witness said: The first thing that we do when a case comes to us is not merely to examine the disease but also the patient as well. Before beginning treatment of the disease we have to consider the case in the light of the following ten principles:—

Deha, Dosha, Bala, Kala, Anala, Prakrithi, Sathwa, Sathwa, etc. It is more or less impossible to correctly diagnose the disease without a knowledge of the Thridoshas. It is dangerous to treat cases by Ayurvedic methods without a knowledge of the Ayurvedic principles. He would be a quack who undertakes treatment of a disease without a

scientific knowledge of the system. It is just like one attempting to cure diseases by Western medical methods with just some knowledge of the materia medica of the Allopathic system. In a drug like opium there are what are called active principles by which it acts. There is also its Veerya which it is necessary for us to know if we are to use it safely. Our medicines have to be standardized for active principles, Veerya, etc. I am not talking about medicines which are advertised in the papers but of Shastraic medicines. Drugs have the following qualities :—Dravya, Guna, Rasa, Veerya, Vipaka and Prabhava. Dravyam is the basis for the action of the drugs. It is necessary to know the active ingredients of each drug before we apply it. When the active ingredients of a drug are taken out, its action will be different. It will be sufficient if the active ingredients of a drug are taken and injected to get the required relief. Our standardization of medicines is done according to the Rasa Sastra. Standardization of medicines according to the Western system will not be quite satisfactory to us.

It is true that in the Allopathic system there are eminent medical practitioners who have made many discoveries and who have been registered along with the humblest of medical practitioners. It is also true that they do not consider it below their dignity to be classed with the humblest practitioners. I have already stated that the Siddha system is not a new system. It is only a new name. I don't believe that the Tamil works lay much stress on Rasayana tantram and Nadi sastram. It would be very useful if a research scholar is proficient in Sanskrit. A knowledge of English also is essential because it would keep the doctors in touch with the outside world. It is my opinion that the Western doctors are not in touch with our system. It is desirable that they should know it Professors teaching Medicine should have a knowledge of English ; it is a very desirable qualification.

Questioned by Mr. Palmer, the witness deposed as follows :—A knowledge of Sanskrit and English is not essential for ordinary students. In addition to the diagnosing of the diseases the physician should know the kalam or the season of the year. Treatment differs according to the season and according to the time of the day, i.e., kalam. If kadukkai is analysed in the light of Dravya, Guna, etc., it should act in a way different from that it is actually known to act, in virtue of Rasa Prabhava. Similarly with regard to croton or nervalam, the action of the seed is quite different from that of the extract.

To Mr. Natesa Sastriar the witness replied : There is difference between Dravya and Prabhava. More schools are necessary for spreading a knowledge of Ayurveda.

The next witness examined was *Mr. Devasahayam Pillai.*

Questioned by the Chairman, the witness replied as follows : I am a Masseur. I practise in Madras. I can cure fractures and rheumatism by means of massaging I learnt this art from my ancestors. It was written on palmyra leaves. They are now lost. I now do it from experience.

Questioned by Mr. Palmer, the witness deposed as follows :—I can cure acute paralysis, rheumatism, constipation, indigestion. For urinary troubles, I masage near kidneys. I also use herbs and plants. I heal fractures by bandages. I can cure fever by means of herbs. I am a specialist in massaging.

To Dr. Lakshmipathi, the witness said : I have treated a number of cases recommended by you, particularly that of an old lady in Nungambakam, who was suffering from severe pain in all joints. I used the medicine given by you and massaged. I treat Sthulathvam. The weight of the body will get less without the body being weakened.

To Mr. Arumugam Pillai the witness said : I found the principles of this treatment in Tamil book " Varma sastra " by Agasthyar.

The next witness examined was *Panait C. Chakravarthy.*

The witness handed over to the Chairman a certificate granted to the wittness by Sir P. Tyagaraya Chettiyar.

To the Chairman the witness said : I learnt the art of treating boils and other surgical ailments from my ancestors I am not in such a high position to enable me to publish to the world the books from which I have learnt.

Asked by the Chairman if the witness would be prepared to publish these books if the Government granted him a sum of money, the witness said , " Yes, I am ready. "

Questioned by Mr. Palmer the witness replied : I do not use any instruments. I use only medicines. I am a specialist in treating carbuncles, boils, etc. I treat only external cases. It will take one month for a carbuncle to heal. I do not administer codliver oil. The abscesses that I treated were very deep.

In reply to Dr. Subramanya Ayyar the witness stated : I cannot cure hydrocele and hernia.

The next witness examined was *Mr. Kamakshi Prasad Sarma.*

Questioned by the Chairman the witness deposed as follows : I came from Berhampur. I practise Ayurvedic system. I have been practising for the last three years. I studied in the Calcutta Medical College I had four years' training. I learnt minor surgery also. I learnt medicine in Sanskrit and Bengali. I hold a diploma from that college. I have my own dispensary. I undertake treatment of all diseases. I have not heard of the Sidha system.

I do not use English medicines. I do not use quinine. Indigenous medicines are much cheaper than English medicines. My grandfather was a doctor. I am not a specialist in any disease. I have a slight knowledge of English. Medical registration appears to me to be necessary. The registration board would work well if it is composed mainly of Ayurvedic practitioners.

Mr. Palmer next examined the witness: After my four years' study, I was under the supervision of a doctor for one year. If the medicines are not prepared as per the directions given, they will not be efficacious. They lose their efficacy if they are not kept in the required vessels.

To Mr. Natesa Sastri the witness said: The principles of diagnosis and the treatment of disease is the same in both the Indian systems.

To Mr. Arumugam Pillai, the witness said: Books in my language can be translated to other languages. We practise science of pulsation. There are other methods also of diagnosing disease. Feeling of pulse is one of the methods. We do not consider it as very important. If other methods fail, then we take to this method of feeling pulse. There is a separate book dealing with examination of pulse, for instance, Nadithathva, etc., in Bengali.

To Dr. Lakshmipathi the witness replied as follows: I know both Sanskrit and Bengali. My vernacular is Oriya. There is provision in our school to teach students in Bengali. There are a good many students there, who study Ayurveda in Bengali. They also know English. There are books on the subject both in English and in Bengali. It is possible to study Ayurveda through vernaculars alone. There are a good many books written in Oriya but not published. I think it necessary to publish them; otherwise the knowledge will be lost.

To the Secretary the witness replied: In Bengal, all students know both Bengali and Sanskrit. Sanskrit is a compulsory subject there. So one who knows Bengali should also know Sanskrit. Those who do not know Sanskrit, for example, those who go there from Southern India, have to learn Hindi. I studied in Dr. Yamuni Bhushana Roy's College when it was first constituted. Dr. Yamuni Bhushana Roy is the Vice-Principal. The professors there are all Ayurvedic doctors. Dr. Mullick is an Allopathic doctor. Many big people, highly educated people, Rajahs and many Europeans go to our dispensary. The professors there enjoy the confidence of eminent people. There are no Sanskrit books dealing with Modern Physics, Chemistry, etc. But there are Bengali books dealing with these subjects. I studied Charaka completely.

The next witness examined was *Kaviraj Baishnavo Thripathi Sarma*:

Examined by the Chairman, the witness replied as follows: I practise in Berhampur. I practise both Ayurveda and Siddha systems. I studied Ayurvedic system in Puri College. Those doctors who practise Mantric treatment are called Siddha Vaidyas. There are four methods of treatment: Rasa or daiva vaidyam, treatment by vegetable drugs or Manishika vaidyam, Surgery or Asura vaidyam, and Siddha or Mantrika vaidyam. During the epidemic of cholera in Ganjām, I was entrusted by the District board of Ganjām with 150 cases of cholera and I was successful in 120 cases. For cholera I adopt the treatment given in Ayurvedic books. I use the cholera pills. (The witness took objection for giving out the ingredients of these pills). The composition of the pills is found in Ayurvedic Sangraham and one can refer to the book. I am for medical registration.

Questioned by Mr. Palmer, the witness said: I cannot consult auspicious hours always. I consult auspicious hours for preparing medicines.

Questioned by Mr. A. S. Krishna Rao, the witness said: It was in the year 1920 that there was cholera in Ganjām. There was then also a cholera party there. It is a fact that people did not go to the cholera party for treatment but they came to me for treatment. I was also paid some travelling allowance by the district board. I maintain an Ayurvedic dispensary of my own. I have got two more doctors to assist me. They are also trained under me. The cost of maintaining my dispensary comes to Rs. 40 or 50 per month. I prepare the medicines myself.

Examined by Mr. Natesa Sastri, the witness said: I studied Charaka and Sushruta Samhita. There is not much about pulse in these books. The latter deals completely with surgery.

Questioned by Dr. Subrahmanier, the witness said: Those who come to my dispensary before 9 in the morning are treated free. Four or five patients are thus treated free every day.

Questioned by Mr. Armugam Pillai, the witness said: It is not possible to bring the Eastern and Western treatments together. There is no method by which they can be combined. I have answered this point in reply to question 5 in the written answers.

Examined by *Dr. Lakshmipathi, the witness said*: I have got many certificates from Rajas Maharajahs, District Board Presidents, etc. District Boards and Taluk Boards are not paying me regularly any bonus. I am prepared to receive some honorarium and run a free dispensary in the place in which I now practise. It is cheap to do so.

To the Secretary, the witness said: I studied Laghukaumudi, Raghuvamsam, Kumarasambhavam for learning Sanskrit. I agree that knowledge of Nyaya is very desirable for students of Ayurveda. I am aware that Atomic theory is dealt with in Nyaya and Viseshika Darshanas.

Even in Ayurvedic shastras this theory is briefly stated. Our theory is that the whole body is composed of panchabhutas. Without a knowledge of the evolution of the panchabhutas, the evolution of the human body cannot be understood. This subject is treated in Susrutha. These books take for granted a previous knowledge of Sankhya and Nyaya-Vaiseshika. To be a scientific Ayurvedic doctor, one must have some knowledge of all these darshanas. I do not deal with surgical cases. I agree that, to the extent that my system does not deal with the surgical cases, to that extent it is deficient. Ayurveda has eight branches and surgery is one of them, though it is not practised now. If it is studied it can also be practised. There are gurus who can teach us the art of surgery, for instance, Bhattacharya. Till we are perfect in this, Western system of surgery may be continued. To learn the Art, experiments can be made on dead bodies.

At the close of evidence of this witness, the Committee concluded examination of witnesses.

The Chairman then thanked all those gentlemen who co-operated in the proceedings of the Committee.

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